

BROOKINGS COUNTY HOUSING AND REDEVELOPMENT COMMISSION
1310 SOUTH MAIN AVE. SUITE 106 PO BOX 432 BROOKINGS, SD 57006-0432
Ph: 605-692-1670 Fax: 605-692-3192

TENANT CHANGE REPORT FORM

PLEASE REPORT ALL CHANGES PRIOR TO THE 25TH OF THE MONTH TO ALLOW PROPER TIME TO VERIFY INFORMATION

NO CHANGES WILL BE ACCEPTED UNLESS REPORTED ON THIS FORM
(Supply the appropriate documents for the change(s))

Head of Household Name

Date

Print Name (Person Completing Form)

Address

Email Address

Phone

Please fill out the following section(s), which apply to the change(s) being reported.

A. NEW INCOME: ___ PERMANENT ___ TEMPORARY ___ SEASONAL

Name of family member with change: _____
Type of income (ex: wage, child support, SS, SSI, etc) _____
Amount receiving: _____ How often received _____
Date when family member started receiving new income _____

If the new income is from employment, complete the following:

Employer: _____
Employer Address: _____
Employer Phone: _____ Employment starting date: _____

B. INCREASE OR DECREASE IN CURRENT INCOME

Name of family member with change: _____
Type of income (ex: wage, child support, SS, SSI, etc) _____
 ___ Increase ___ Decrease
New amount receiving: _____ How often received: _____
Date when this increase/decrease started: _____

If this change is due to employment, complete the following:

Employer: _____
Employer Address: _____ Employer Phone: _____

C. TERMINATION OF INCOME:

Name of family member with change: _____
Type of income that terminated (wage, child support, SS, SSI, etc) _____

If termination is due to loss of employment, complete the following

Employer: _____
Employer Address: _____
Employer Phone: _____ Last date of employment: _____



D. CHANGE OF FAMILY MEMBERS:

Family members who have moved into or out of the household:

<u>Legal Name</u>	<u>Relation</u>	<u>Age</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Birthplace</u>
1. _____ SS# _____	_____	_____	_____	_____	_____
2. _____ SS# _____	_____	_____	_____	_____	_____
3. _____ SS# _____	_____	_____	_____	_____	_____

Date Moved In: _____ **Date Moved Out:** _____

E. CHANGE OF CHILDCARE COSTS:

_____ I have the following childcare costs:

Name of childcare provider: _____
 Address of childcare provider: _____ Phone: _____
 Amount of childcare cost: _____ How often paid: _____
 Name of children childcare is provided for: _____
 Amount of childcare reimbursement, if any _____

_____ I no longer pay childcare costs. Date last paid for childcare _____

F. CHANGE IN MEDICAL EXPENSES:

I have the following changes in medical expenses: _____
 I no longer have the following medical expenses: _____

G. NAME CHANGE:

<u>Current Name</u>	<u>Changing To</u>	<u>Date of Change</u>
_____	_____	_____

COMMENT SECTION (For office use only):

Signatures below constitute consent for Brookings County Housing to contact any agencies, organizations, offices, or individuals necessary to verify any information needed for my/our participation in the housing assistance programs.

I am required to report all changes within 10 days of the date of the change.

Signature

Date