



**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 RAM Housing Specialists/Gateway Apartments 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 on within 10 days of the date of change.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date