Gateway 1 & 11

705 Hickory St Kadoka, SD 57543 (605) 837-2505



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 Print Name (Person Completing Form) Email Address			Date Address Phone									
								Please	fill out the following section(s), which apply to the cl	hange(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: Date when family member starting receiving new income											
If the new income is from employment, complete the foll Employer: Employer Address: Employer Phone:												
B.	INCREASE OR DECREASE IN CURRENT INCOME											
	Name of family member with	n change:										
Type of income (ex: wage, child support, SS, SSI, etc)												
	IncreaseDecrease New amount receiving: How often received:											
	Date when this increase/decre											
If this	change is due to employment,	complete the following	;:									
Emplo												
Emplo	oyer Address:		Employer Phone:	<u> </u>								
C.	TERMINATION OF INCO	OME:										
	Name of family member with Type of income that terminat	n change:	SS. SSI. etc)									
If tern	nination is due to loss of emplo											
Emplo	oyer:	•	-									
Emplo	oyer Address:											
Employer Phone:Last date of employment:												

D. <u>CHANGE OF FAMILY MEMBERS:</u>

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

Lega	al Name		Relation	<u>Age</u>	<u>Sex</u>	Birthdate	Birthplace		
1		SS#							
2		SS#							
3		SS#							
Date Moved In:			Date Moved Out:						
Ε.	CHANGE OF CH	HILDCARE COSTS:							
Addı Amo Nam	e of childcare provide ress of childcare prov- unt of childcare cost: e of children childcar	llowing childcare costs: er: ider: re is provided for: bursement, if any	How	often p	aid:				
	I no longer pay childcare costs. Date last paid for childcare								
F.	I have the following I no longer have the	eng changes in medical explore following medical exponents	penses:						
G.	NAME CHANGI	<u>C:</u>							
Current Name Changing T		Changing To	<u>Date of Change</u>						
		(For office use only): ute consent for RAM H	ousing Spec	ialists/G	ateway	Apartments to	o contact any		
agen	cies, organizations,	offices, or individuals ng assistance programs.							
	I am required	d to report all chang	es on with	<u>in 10 d</u>	ays of	the date of c	change.		
	Signature		Date	e					