

**TENANT CHANGE REPORT FORM**

**PLEASE REPORT ALL CHANGES PRIOR TO THE 25<sup>TH</sup> 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 starting 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 Milbank 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 on within 10 days of the date of change.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date