



OFFICE USE ONLY	
FORM #:	415
HOUSEHOLD ID:	
TICKLER #:	
EFFECTIVE DATE:	

CHANGE IN FAMILY SITUATION

HEAD OF HOUSEHOLD NAME: _____ DATE: _____

ADDRESS: _____ UNIT #: _____

CITY/STATE/ZIP: _____ PROGRAM: _____

EMAIL: _____

The following change(s) have taken place (please check all that apply and provide verification):

Increase in household income - Please provide verification of the income that has increased.

Decrease in household income - Please provide verification of the income that has decreased.

Increase in childcare expenses (*Must complete Childcare Statement-Form 406*)

Other

Removing a member from the household

If you are removing a member from your household, please provide verification of change from your landlord. (Ex. updated lease, written statement from landlord, or KCHA 814 - Landlord Statement)

NAME OF FAMILY MEMBER	AGE	SEX	RELATION TO HEAD	DATE OF BIRTH	BIRTH PLACE	SOCIAL SECURITY #

I am requesting to add an additional member to my household*

If you are adding a new member to your household, please provide verification of said change from your landlord. (Ex. updated lease, written statement from your landlord, or KCHA 814 - Landlord Statement)

NAME OF FAMILY MEMBER	AGE	SEX	RELATION TO HEAD	DATE OF BIRTH	BIRTH PLACE	SOCIAL SECURITY #

*I understand that an additional family member **may not** be added to my lease until proper documentation has been submitted and the request has been reviewed and formally approved by the Housing Authority and Landlord.*

List below all sources of income for ALL members of the household. This includes any new or increased income from current household members or household members who have turned 21 since the last recertification, and new income sources as a result of adding new member. (use the back of this page, if necessary)

NAME OF FAMILY MEMBER	SOURCE OF INCOME	GROSS AMT OF INCOME	IS THE GROSS AMOUNT PER:			
			HOUR	WEEK	MONTH	YEAR

Employer Name: _____ Telephone : _____
 Employer Address: _____ Fax : _____
 Employer Email: _____

Has any member of your family turned 21 years of age since your last review? Yes No
(If client is reporting a decrease in income and a member in the household has turned 21 since the last update/recertification, the 21 year old member's income is picked-up at time of interim.)

Does this person have any income? (If yes, please list their name): _____ Yes No

I certify that the information given above is true and correct to the best of my knowledge and belief. I understand that I must report, in writing, any additions in my family composition or income related to this change within thirty (30) days of when the change occurred. I am aware that misrepresentation to the Housing Authority of my family's circumstances is considered fraud and is cause for the termination of my housing assistance.

 Signature of Head or Spouse

 Phone Number