



PHONE: FAX:

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

CHANGE IN FAMILY SITUATION
RETURN COMPLETED FORM TO ABOVE ADDRESS

PART 1: HEAD OF HOUSEHOLD INFORMATION

HEAD OF HOUSEHOLD NAME:		DATE:	
ADDRESS:		APT:	CELL PHONE:
CITY, STATE, ZIP:		HOME PHONE:	

PART 2: CHANGE IN FAMILY SITUATION

The following change(s) have taken place (check all that apply):

<input type="checkbox"/> Decrease in household income	<input type="checkbox"/> Remove the household member(s) - with income
<input type="checkbox"/> Increase in household income	<input type="checkbox"/> Request to add adult member(s) to household - 18 or older
<input type="checkbox"/> Increase in medical expense	<input type="checkbox"/> Request to add child(ren) to household - 17 or younger
<input type="checkbox"/> Increase in childcare expense	<input type="checkbox"/> Request to add Live-in Aide
<input type="checkbox"/> Other (please explain): _____	

PART 3: DECREASE IN HOUSEHOLD INCOME or INCREASE IN MEDICAL/CHILD CARE EXPENSE

	YES	NO
A. Are you requesting a <u>decrease</u> in rent because of a decrease in household income or increase in out-of-pocket Medical or Child Care expenses? *If NO, skip to PART 4.	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the circumstances affecting the request for decrease in rent expected to last <u>less than</u> 30 days? *If NO, skip to PART 4.	<input type="checkbox"/>	<input type="checkbox"/>
C. Has your household income (combined income from all members) <u>decreased</u> since your last recertification review? *If YES, you must submit an Income Information Sheet (KCHA 412) for each adult member of your household along with verification of income, as described in the Admissions and Continued Occupancy Policy (ACOP).	<input type="checkbox"/>	<input type="checkbox"/>
D. Have your household out-of-pocket Medical Expenses increased since your last recertification review? (EASY Rent Only) *If YES, you must submit verification of all medical expenses paid out-of-pocket over the past 12 months.	<input type="checkbox"/>	<input type="checkbox"/>
E. Have your household out-of-pocket <u>Child Care Expenses</u> increased since your last recertification review? (WIN Rent Only) *If YES, you must submit a Child Care Statement (KCHA 406) along with a co-pay verification letter, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>
F. Have any members of your household turned 21 since your last recertification review?	<input type="checkbox"/>	<input type="checkbox"/>

Additional documentation may be required before we can process a change. Decreases in income reported with the necessary verifications on or before the 22nd of the month are effective the 1st of the following month.

All forms listed above are available on the KCHA website (<https://www.kcha.org/about/forms>)

*****YOU MUST COMPLETE AND SIGN ON PAGE 2*****

PART 4: REMOVE HOUSEHOLD MEMBER(S) or LIVE-IN AIDE YES NO

A.	Have you removed any members or Live-in Aides from your household since your last recertification review? *If NO , skip to PART 5 .	<input type="checkbox"/>	<input type="checkbox"/>
B.	Please list any member(s) or live-in aide you are removing, or have recently removed, from your household:		
	LAST NAME	FIRST NAME	M.I.
1.			RELATION TO HEAD
2.			REASON
3.			

PART 5: INCREASE IN HOUSEHOLD INCOME YES NO

A.	Has your household income (combined income from all members) <u>increased</u> since your last recertification review? *If NO , skip to PART 6 .	<input type="checkbox"/>	<input type="checkbox"/>
B.	Has your household had an Interim to decrease your rent since your last Full Recertification review?	<input type="checkbox"/>	<input type="checkbox"/>
C.	Is your household currently paying minimum rent (less than \$26 per month for WIN Rent or less than \$1 per month for EASY Rent)?	<input type="checkbox"/>	<input type="checkbox"/>
D.	Are you requesting to add a member to your household that has income?	<input type="checkbox"/>	<input type="checkbox"/>

PART 6: ADD HOUSEHOLD MEMBER or LIVE-IN AIDE YES NO

A.	Are you requesting to add one or more members or a live-in aide to your household? *If NO , skip to PART 7 .	<input type="checkbox"/>	<input type="checkbox"/>
B.	Will you or any member of your existing household receive <i>unearned</i> income paid on behalf of a person you are requesting to add to your household? (Example: Social Security, trust fund disbursements, bank accounts, adoption support, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
C.	Are you requesting to add a live-in aide? *If YES , does your household have an <u>approved</u> Reasonable Accommodation for a Live-in Aide? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
D.	Please list all members or live-in aides you would like to add:		
	LAST NAME	FIRST NAME	M.I.
1.			SEX
2.			RELATION TO HEAD
3.			SOCIAL SECURITY #

IMPORTANT: Family members and Live-in Aides may not live in the unit until all proper documentation has been submitted and the request has been reviewed and approved by the Housing Authority.

PART 7: SELF-CERTIFICATION

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

Head of Household (Print)	Signature of Head of Household	Date
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