



**Section 8 - Reporting a Change
 (Please Print)**

Head of Household:

Your Name:

Social Security #:

Full Address:

Phone Number:

Type of Change:

- | | |
|--|---|
| <input type="checkbox"/> Increase in Income | <input type="checkbox"/> Decrease in Income |
| <input type="checkbox"/> Start of employment | <input type="checkbox"/> End of employment |
| <input type="checkbox"/> Add family member | <input type="checkbox"/> Remove family member |
| <input type="checkbox"/> Other: | |

Details of Change: (Name of new or old employer, address, and phone number - name of family member adding/removing)

Signature:

Date:

This change sheet must be filled out completely BEFORE any adjustment can begin on your file. Lake County Housing Authority must verify all changes. You will be notified of the change as soon as it is processed.

Reminder: The participant is responsible for paying their portion of the rent until an adjustment is completed.