

GENERAL CHANGE FORM

All program participants are responsible for reporting **IN WRITING** any changes in income and/or family composition to their KHA Housing Specialist within 14 days of the change. **IN WRITING** means a completed CHANGE FORM along with verification to support the change. If emailed, all documents, including this CHANGE FORM, must be in PDF format.

CHANGE FORMS WITHOUT THE APPROPRIATE VERIFICATION ATTACHED WILL NOT BE ACCEPTED!

Head of Household: _____ Telephone: _____

New telephone number

KHA Caseworker: _____

I'm reporting a change in:

Increase Decrease

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Employment | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Social Security/SSI | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Allowances | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> W2/TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pension/Retirement | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> No Change/Information Only | | |

I have attached:

- Employment Verification
- Child Support Payment Summary
- Award Letter
- Unemployment Documents
- Allowance Documents
- W2 Documents
- Paycheck Stubs
- Recertification Documents
- Bank/Financial Documents
- Other _____

WARNING: Section **1001** of the **Title 18** of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments of the United States Government. I hereby give Kenosha Housing Authority permission to request and obtain information required to perform a change based upon the information provided by me, which is listed above and /or attached.

Signature: _____

Date: _____

- Head of Household
- Other (print name) _____

Comments/Notes:
