

# 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 REPORT** along with verification to support the change.

**CHANGE REPORTS WITHOUT THE APPROPRIATE VERIFICATION ATTACHED WILL NOT BE ACCEPTED!**

Head of Household: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 New telephone number

Household Member Reporting Change: \_\_\_\_\_

KHA Caseworker: \_\_\_\_\_

**Description of Income Change:**

Household Income Decrease     Household Income Increase

**I'm reporting a change in:**

- Child Care Expenses (Allowances)
- Child Support
- Medical Expenses (Allowances)
- Pension/Retirement
- Social Security/SSI
- Unemployment
- W2
- Wages/Current Job/Employment
- Other \_\_\_\_\_

**I have attached:**

- Allowance Documents
- Awards Letter
- Exit/Termination Letter Employer
- Hire Letter from Employer
- Paycheck Stubs
- Unemployment Documents
- W2 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: \_\_\_\_\_

*FOR OTHER AGENCY USE ONLY  
(Please sign if you are completing for a client)*

Non KHA Caseworker Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Non KHA Caseworker Telephone: \_\_\_\_\_ Agency Name: \_\_\_\_\_

*FOR HOUSING AUTHORITY USE ONLY*

General Changed Form Denied

**Documents Missing:**

- OFFER LETTER FROM NEW EMPLOYER     4 WEEKLY OR 2 BI-WEEKLY PAYCHECK STUBS
- A LETTER ON COMPANY LETTERHEAD FROM YOUR FORMER EMPLOYER, STATING THE LAST DAY OF EMPLOYMENT
- COMPLETE A ZERO INCOME FORM
- OTHER: \_\_\_\_\_

Housing Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_