

NOTE: Use of correction fluids/tapes will void this document.

Date Mailed By MSHDA:	Return Completed Form By:
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Section A – Head of Household Information

Head of Household Name:	Last 4 SSN:
Email:	Phone:

Notice: Only complete the section(s) below that apply to the changes you are reporting at this time. Requested changes to household composition and income will not go into effect until all documentation is received, verified, and approved.

All household members age 18 and older must sign this form on Page 2.

Section B – Addition of New Household Member(s) – Attach proof of birth and copy of social security card.

Name	Social Security # (if no SSN use Alien Registration Number)	Relationship to Head of Household	Birth Date	Age	Sex M/F	Disabled? Yes/No	Hispanic or Latino? Yes/No	US Citizen? Yes/No	*Race Code(s)
1.									
2.									
3.									

***Race Codes (enter one or more above):**

1 – White 2 – Black/African American 3 – American Indian or Native Alaskan 4 – Asian 5 – Native Hawaiian/Other Pacific Islander

Section C – Removal of Household Members

You must provide verification that the individuals being removed from the household composition have in fact moved from the unit. Please note, if you are removing an adult family member that individual may not return to the unit without prior MSHDA approval and verification of eligibility status and prior to landlord approval.

Name of Household Member Being Removed	Date This Individual Will Be Moving/Moved From Unit	Reason Why This Person Is Moving Out Of The Unit
1.		
2.		
3.		

Section D – Income Increase

D1	YES <input type="checkbox"/> NO <input type="checkbox"/>	Is any member of the household reporting an increase in employment income? This includes an increase in pay, increase in hours worked, and new employment. If yes, attach at least two (2) most recent and consecutive ORIGINAL pay stubs for each job and complete the information below.			
Household Member	Employer	Address, City, State, Zip	Phone	Fax	New Weekly Pay Amount
1.					\$
2.					\$
3.					\$

D2	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is any member of the household reporting an increase in benefits or new benefits? This includes Social Security, Unemployment, VA Benefit, Welfare, Child Support, Disability, or any other source of income. If yes, attach the most recent benefit letter(s) and complete the information below.			
Household Member	Source	Address, City, State, Zip	Phone	Fax	New Monthly Amount	
1.					\$	
2.					\$	

Section E – Income Decrease

E1	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is any member of the household reporting a decrease in employment income? This includes a decrease in pay, decrease in hours worked, and loss of employment. If yes, attach documentation that supports the decrease in income or loss of employment and complete the information below.			
Household Member	Employer	Address, City, State, Zip	Phone	Fax	New Weekly Pay Amount	
1.					\$	
2.					\$	

Please describe changes in detail including average hours scheduled per week and average hourly rate of pay if applicable:

E2	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is any member of the household reporting a decrease in benefits or loss of benefits? This includes Social Security, Unemployment, VA Benefit, Welfare, Child Support, Disability, or any other source of income. If yes, attach documentation that supports the decrease or loss of benefits and complete the information below.			
Household Member	Source	Address, City, State, Zip	Phone	Fax	New Monthly Amount	
1.					\$	
2.					\$	

Section F - Certification

Certification: I/We hereby attest that I/we have reviewed this entire form and all of my/our household information and household income have been accurately reported. I/we understand that providing false information will result in denial or termination of benefits. I/we understand I/we must report income and family size changes within 10 business days to my MSHDA assigned Housing Agent.

Printed Name of Head of Household:	Phone:
Head of Household Signature: X	Date:
Printed Name of Adult Household Member:	Phone:
Signature of Adult Household Member: X	Date:
Printed Name of Adult Household Member:	Phone:
Signature of Adult Household Member: X	Date:

Please return to:

If you or a member of your household is a person with a disability and require a reasonable accommodation in order to participate in MSHDA's affordable housing program(s) or services, please submit your request in writing to your Housing Agent.