



Housing Authority

Change/Report/Request Form

Head of Household: _____ Date: _____

Head of Household SS Number: _____ Contact Number: _____

CHANGE OF HOUSEHOLD INCOME:

I am reporting: New/Add Household Income Loss/Decrease Household Income

Household Member: _____ has experience a change of:

Type (Circle One): Employment Unemployment Self-Employment Child Support
SS/SSI benefits Cash Assistance Other: _____

The date of this change is/was: _____ Name of Employer: _____

(Please note: Verification/Proof of what is reported must be submitted to process this change.)

CHANGE OF HOUSEHOLD COMPOSITION:

I am requesting to: Add a New Household Member Remove a Household Member

Name of Person: _____ Date of Birth: _____

SSN: _____ Add/Remove Income: Yes No

The date of this change is/was: _____

(Please note: Request to add an adult must have approval from OCHA first, then request to add adult with the landlord/owner to the lease. Information regarding person to be add/remove will be requested.)

CHANGE OF HOUSEHOLD EXPENSES:

I am reporting a change of: Medical Expenses Child Care Expenses

(Please note: Verification/Proof of what is reported must be submitted to process this change.)

Head of Household Signature: _____

Mailing Address
P.O. Box 8181
Hillsborough, NC 27278

Main Office
300 W. Tryon Street
Hillsborough, NC 27278

Satellite Office
2501 Homestead Road
Chapel Hill, NC 27516

