

# Housing Authority of the County of Alameda Family Notice of Change(s)

This form must be submitted with all the proper documentation in order for a change to be considered. Changes must be reported within fourteen days of occurrence.

Head of Household: \_\_\_\_\_ SS #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

**1. [ ] Income Change: (Attach wage stubs or other documentation.)**

My income has **increased**. Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (attach verification).

My income has **decreased**. (Note: *Changes will only be made if written proof of income decrease is provided.*) Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (attach verification).

**Note: You must continue paying your current rent portion until you receive a new Notice of Rent Amount Change from the H/A.**

**2. [ ] Household Change:** The following person/s plan to move in or out (prior to moving anyone into your unit you must get written approval from both the landlord and H/A):

	Name (print) & SS#	Birth Date	Relation to Head of Household
<b>Moved In</b> [ ] <b>Moved Out</b> [ ]	Name: _____ SS#: _____		
<b>Moved In</b> [ ] <b>Moved Out</b> [ ]	Name: _____ SS#: _____		

**3. [ ] Student Status Change:** An adult member of my household (someone other than the head of household [ ] is or [ ] no longer is a FULL TIME student (as defined by the school or program) at a school or job training program.

Adult Student	College/Program & Address:	# Units	Date of Change

**4. [ ] Other:** Explain

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE (Head of Household)**

**Date**

\_\_\_\_\_