

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
Moved In [] Moved Out []	Name: _____ SS#: _____		
Moved In [] Moved Out []	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
