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This Agency is an equal opportunity provider and employer.



TENANT CHANGE FORM

ALL CHANGES MUST BE REPORTED WITHIN TEN DAYS OF OCCURRENCE.

All changes must be reported in writing within TEN (10) days of the date of the change. I understand that any changes reported after the 22nd of the current month may not be processed in time to take effect for the following month.

My signature below is my consent for the Huron Housing and Redevelopment Authority to contact any agencies, organizations, offices, or individuals necessary to verify any information needed for my participation in the housing assistance program.

USE THIS FORM FOR REPORTING ANY CHANGES.
NO CHANGES WILL BE ACCEPTED UNLESS REPORTED ON THIS FORM
(Please attach any related documents for the change(s))

Date: _____

Head of Household Name _____ Social Security Number _____

Address _____ City/State/Zip _____

Email Address _____ Phone Number _____

Signature _____

Please fill out the following section(s), which apply to the change(s) being reported.

A. NEW INCOME: ___PERMANENT___ ___TEMPORARY___ ___SEASONAL___

Name of family member with change: _____

Type of income (ex: wage, child support, SS, SSI, etc): _____

Amount receiving: _____ How often received: _____

Date when family member started receiving new income: _____

If the new income is from employment, complete the following:

Employer: _____

Employer Address: _____

Employer Phone: _____ Employment starting date: _____

B. INCREASE OR DECREASE IN CURRENT INCOME

Name of family member with change: _____

Type of income (ex: wage, child support, SS, SSI, etc) _____

___Increase___ ___Decrease___

New amount receiving: _____ How often received: _____

Date when this increase/decrease started: _____

If this change is due to employment, complete the following:

Employer: _____

Employer Address: _____ Employer Phone: _____

TERMINATION OF INCOME:

Name of family member with change: _____

Type of income that terminated (wage, child support, SS, SSI, etc): _____

If termination is due to loss of employment, complete the following:

Employer: _____

Employer Address: _____

Employer Phone: _____ Last date of employment: _____

C. CHANGE OF FAMILY MEMBERS:

Family members who have moved **into** or **out** of the household:

<u>Legal Name</u>	<u>Relation</u>	<u>Age</u>	<u>Sex</u>	<u>Birthdate</u>
1. _____ SS# _____	_____	_____	_____	_____
2. _____ SS# _____	_____	_____	_____	_____
3. _____ SS# _____	_____	_____	_____	_____

Date Moved In: _____

Date Moved Out: _____

D. CHANGE OF CHILDCARE COSTS:

____ I have the following childcare costs:

Name of childcare provider: _____

Address of childcare provider: _____ Phone: _____

Amount of childcare cost: _____ How often paid: _____

Name of children childcare is provided for: _____

Amount of childcare reimbursement, if any: _____

____ I no longer pay childcare costs. Date last paid for childcare _____

E. CHANGE IN MEDICAL EXPENSES:

I have the following changes in medical expenses: _____

I no longer have the following medical expenses: _____

F. NAME CHANGE:

Current Name

Changing To

Date of Change

Employee Initials _____ Date Received _____