

Housing Authority of Clackamas County Change Report Form

Check which applies: I am a Current Participant in Section 8 I am on the Wait List

Current Head of Household Name: _____

Head of Household Social Security Number: _____

Changes to Report:

Name of Family Member that Changes apply to: _____

New Home Address: _____

New Mailing Address: _____

New Email Address: _____

New Phone Number: _____

Employment Change (used to report new job, change in wages/hours, loss of job)
ALL INCOME CHANGES REQUIRE WRITTEN VERIFICATION FROM THE SOURCE ATTACHED TO THIS FORM.

Name of Person Changes apply to: _____

Employer Name: _____

Employer Mailing Address: _____

Employer Phone Number: _____

No longer working and LAST DAY WORKED at above listed employer: _____

Increase or Decrease in Hours From: _____ hrs To: _____ hrs per Week Month

Increase or Decrease in Wages From: \$ _____ To: \$ _____ per Week Month

Household Income Change (used to report change in Social Security, TANF, Child Support, Unemployment)
ALL INCOME CHANGES REQUIRE WRITTEN VERIFICATION FROM THE SOURCE ATTACHED TO THIS FORM.

Name of Person Changes apply to: _____

Increase - list amount and source of income: _____

Decrease - explain: _____

Household Composition Changes

| | Member Name | Date of Birth | Social Security Number |
|--|-------------|---------------|------------------------|
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |