Report of Change Form

This form is used to provide new information about your household composition, income, assets, or expenses. You will need to provide supporting documentation for the changes you report. You can find a list of accepted documentation at the end of this form.

Name of Head of Household
Phone
Email

What information do you need to update? (Mark all that apply)

☐ **Report a change in household composition**

Remove a household member

Name of the Household Member _____

Date of Birth _____

Add a new household member

Name of the Household Member _____

Date of Birth _____

Social Security Number _____

Remember, if you need to add a household member for reasons other than birth, adoption, or court-awarded custody, you will need PHA's approval before they can move in. Additional information available in the administrative plan www.campbellcountyky.gov

☐ **Report a change in household income**

This can include a change in your hours or overtime hours at work, getting a raise, being laid off, changes in your child support payments, changes in the benefits you receive, or changes to other sources of income.

_____

_____

_____

_____

☐ **Other** _____

_____

_____

Signatures

All adult household members (18 or older) must sign below.

Please note that under 18 U.S.C. 1001, it is a felony to intentionally make false or misleading statements, or to submit documents containing false information, to any U.S. government agency. By signing, you agree that the information provided is complete and correct to the best of your knowledge.

Printed Name of the Head of Household, Signature & Date:

Print Name _____

Signature _____

Date _____

Printed Name of the Adult Household Member, Signature & Date:

Print Name _____

Signature _____

Date _____

Printed Name of the Adult Household Member, Signature & Date:

Print Name _____

Signature _____

Date _____

Printed Name of the Adult Household Member, Signature & Date:

Print Name _____

Signature _____

Date _____

Supporting Documents Checklist

- Birth Certificates
- Social Security Cards
- Photo ID - Adults
- Employment – 2 most recent consecutive pay check stubs if paid bi-weekly. 4 most recent consecutive if paid weekly.
- New Employment Letter / Employment Termination Letter
- Retirement / Pension Unemployment Benefits / Veterans Benefits
- Social Security Benefits
- Welfare/Public Assistance- KTAP
- Regular Contributions – Financial support provided by family and/or friends
- Court Ordered Child Support – 12-month printout
- Non-Court Ordered Child Support – Statement from payee with how much pays monthly and contact information
- Bank Statement – Most recent checking and savings account statement for all accounts (all pages must be provided)
- Investments Accounts (401K, Retirement, IRA, Stocks, Bonds, Certificate of Deposit) – Verification statements must include account numbers and cash value of investments, including any income received from the investment.
- Child Care Expenses – Verification of expenses paid to care for children/dependents while you work or attend school.
- Out-of-Pocket Medical Expenses – If the Head of Household, Spouse, or Co-Head is disabled or elderly (62 or older), you may list out-of-pocket medical expenses. These expenses might include prescription costs, medical insurance premiums, and copays for doctor visits.

Additional information/verification and/or forms may be requested by the Campbell County Department of Housing.

Any changes that result in a rent reduction must be reported by the 25th of the month in order to take effect the following month.

If you have questions regarding the policies, procedures, and regulations of the Campbell County Department of Housing please reference the agency's Administrative Plan at www.campbellcountyky.gov. If you are disabled and as a result of your disability you require a change in how CCDH communicates, presents information, or a change in venue for appointments, you may submit a request for a reasonable accommodation. We will review your request and respond within 10 business days. You have the right to request an interpreter. If negative action has been taken against an applicant or participant by the PHA in a circumstance where the Violence Against Women's Act (VAWA) should be considered, please notify the PHA of your concerns to determine whether a review is in order. If this is a notice of denial or termination of assistance, A CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING reporting form is enclosed.

EQUAL HOUSING OPPORTUNITY