



## Clermont Metropolitan Housing Authority

65 South Market Street | Batavia, Ohio 45103  
 513.732.6010 | Fax 513.732.6520  
 www.clermontmha.org

### Change of Household Income and/or Household Composition Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Change in household, if any:** Explain the change in your household situation. Remember you cannot add someone into your household without prior approval from the PHA.

Name of Household Member asking to be added or removed.	Social Security #	Date of Birth	Addition/Removal	If removal, please provide new address.

*Required Documentation:*

*For adults being added\*:*

*Proof of birth & SSN (for all)*

*Photo ID*

*Proof of citizenship (for all)*

*Proof of income*

*Proof of custody (unless newborn)*

*\*Adults will have to pass the necessary background screenings in order to be added to the household.*

**Change in income, if any:** Explain the change in your household situation.

### Employment Changes (check whichever is applicable):

\_\_\_ Loss of Employment-

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Name of Employer \_\_\_\_\_

\_\_\_ New Employment-

Start Date \_\_\_\_\_ Name of Employer \_\_\_\_\_

Pay \$ \_\_\_\_\_ Per Hour/Week/Month \_\_\_\_\_ Hours Worked \_\_\_\_\_

\_\_\_ Wages/Hours Decreased OR \_\_\_ Wages/Hours Increased

Pay \$ \_\_\_\_\_ Per Hour/Week/Month \_\_\_\_\_ Hours Worked \_\_\_\_\_

What date did the change begin? \_\_\_\_\_

*Required Documentation is needed based on what changes apply.*

- *Employer Letter on Company letter head (this can be used for new employment or for termination of employment). If new employment, start date, hourly rate and hours worked need to be verified. If termination, last day of employment is needed.*
- *If paid weekly, 4 consecutive pay stubs, biweekly or semi-monthly 2 pay stubs.*
- *Completed Employment verification form (copies at our office or on our website)*



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### **Other Income/Deduction Changes**

Source	Stopped	Increase	Decrease	Other
Unemployment				
OWF/TANF				
SS/SSI/Pension				
Child Support				
Childcare				
Contributions/Zero Income				

*Documentation needed for the change, if applicable. Unemployment letter, printout from Jobs & Family Services, Letter from Social Security/pension, 12-month Child Support printout, or Printout or letter from childcare provider, etc.*

### **Change in Student Status-Provide copy of school schedule and financial aid package.**

Student's Name \_\_\_\_\_

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

Student Status     Full Time Student     Part Time Student

Anticipated Graduation Date \_\_\_\_\_

I/We hereby certify that all the information I have provided to Clermont Metropolitan Housing Authority (CMHA) on household composition and income is accurate and complete to the best of my knowledge. I/We understand that false statements or income are punishable under Federal law. I/We understand that false statements or information are grounds for termination of housing assistance or termination of tenancy.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-Head

\_\_\_\_\_  
Date

**Warning:** Title 18, Section 1008 of the United States Code States that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States and shall be fined not more than \$10,000 or imprisoned for not more than five years or both.