

Housing Choice Voucher Program- Report of Change

NWICA - Housing Department

- All changes must be reported within 10 calendar days of their occurrence
- Only complete the sections of the form that describe the changes you are reporting
- Attach proof of all changes reported

Change in Household Composition						
Family Member Name	Add (v)	Delete (v)	Date of Birth	Social Security Number	Date of Change	Relationship to Head of Household
Explanation of change:						

Change in Household Income						
Family Member Name	New Income Amount	Amount of Increase	Amount of Decrease	Type of Income	Income Source Address	Date of Change



- WHEN DID YOU START WORKING?
- WHERE DO YOU WORK? NAME/ADDRESS
- HOW MANY HOURS PER WEEK DO YOU WORK?
- WHAT IS YOUR HOURLY RATE OF PAY?



Other Changes	
Type of Change	Date of Change
Explanation of Change:	

Signature	Date	Telephone #
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RETURN THIS FORM TO: **GHCS/HOUSING DEPT.**
 Report of Change Form 09/13 **P.O. BOX 389 HAMMOND, IN 46325**