

## Participant Report of Change **Decrease**

Please Note: The Housing Authority will require a letter of separation from employer, proof of reduction in hours or benefits letter, and employers full contact information. Please read the second page for more instructions.

Head of Household: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Worker: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

1.  My income has DECREASED due to \_\_\_ No longer working \_\_\_ Hours cut

Have you filed for U.I.B. (Unemployment Insurance Benefit)? Yes / No

(Attach a letter of separation from employer, proof of reduction in hours or benefits letter)

Date of Change: \_\_\_\_\_ Name of person with change: \_\_\_\_\_

Employer/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Managers Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**\* Note: You must continue paying your current rent portion until you receive a new Notice of Rent Amount from the Housing Authority. The AHA will process interims within 45 days of receiving ALL required information and documentation.**

2.  **Student Status Change:** An adult member of my household (someone other than the head of household)  is or  is no longer a **FULL TIME** student (as defined by the school or program) at a school or job training program.

Adult Student's Full Name	College/Program & Address	# Units	Date of Change

3.  **Other:** Explain

SIGNATURE \_\_\_\_\_

(Head of Household)

\_\_\_\_\_

Date

Note: *The housing Authority will only reduce your rent for changes that are expected to last more than 60 days. If your status change is expected to be less than 60 days, the rent amount will remain the same.*