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Marzine Q. Hudson  
Executive Director

Glenda Serrano-Bennett  
Property Manager

**Household Change Request**

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

Are you a(n):  Applicant  Current Resident  Former Resident

Address: \_\_\_\_\_ Is this a new address?  YES  NO

Phone # \_\_\_\_\_ Is this a new phone #?  YES  NO

E-mail Address: \_\_\_\_\_ Is this a new e-mail address?  YES  NO

Families are required to report changes in household income and composition within 10 days of the occurrence. You **MUST** attach **PROOF** of the change(s) you are submitting. Changes without proof attached will not be processed.

**Reason for Change** (check and circle all that apply):

- Employment started/changed/ended. (please provide separation notice or 3 consecutive check stubs, if you are zero income, please complete zero income form)
- Unemployment started/changed/ended (please provide copy of award letter showing change)
- Social Security/SSI started/changed/ended (please provide copy of award letter showing change)
- Child Support started/changed/ended (please provide a 90-day history OR recorded court order)
- TANF started/changed/ended (please provide copy of award letter showing change)
- Other (Please provide proof and explain change below)

Comments-Please briefly explain your change:  
\_\_\_\_\_

**Household Composition:** Name of Person: \_\_\_\_\_

Are you requesting to  **remove** or  **add** this person to/from your household?

- **REMOVING-** You **MUST** attach proof of new address. (check stubs, new license, utility bill)
- **ADDING-** You **MUST** get permission from CHA prior to the person establishing residency in the unit or using the unit address as their mailing address. You **MUST** attach their Social Security Card, Birth Certificate, photo ID if 18 years or older, Proof of Guardianship if a minor.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

