



1400 Oakside Drive #76 Canton, GA 30114  
Main: 770-479-4969 Fax: 770-479-8118  
TDD: 770-479-6988

**Household Change Request**

Date: \_\_\_\_\_ Name: \_\_\_\_\_ (print clearly)

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

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

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

Families are required to report changes in household income and composition on this document within 10 days of when the change takes place.

**HOUSEHOLD INCOME CHANGE**

In order to complete your change, you must provide the required proof. For income decreases to be effective the next month, you must have all required docs submitted by the last business day prior to the 20th of the month. Any changes submitted after the 20th, will be processed within 30 days. For new employment, 3 consecutive check stubs must be submitted immediately after payment of the 3<sup>rd</sup> check. Check all that apply and explain change:

Add Income  Remove Income  Adjust Income

Explain Change: \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

Name of Member: \_\_\_\_\_ to be  ADDED  REMOVED

- **ADDING**- You must get permission from CHA prior to any 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.
- **REMOVING**- You **MUST** attach proof of new address. (check stubs, new license, utility bill)

**Certification:** I certify that the information written by my own hand about me and my household members is true and correct to the best of my knowledge. I also understand that these statements are made under penalty of law, specifically Title 18 of the US Code and Georgia Code 16-9-55.

\_\_\_\_\_  
Signature of Client \_\_\_\_\_  
Date

