

**MARIETTA HOUSING AUTHORITY**  
**95 Cole Street, NE, Marietta, GA 30060**  
**770-419-3200 Fax 770-419-3232 TDD 770-419-3204**

**HOUSEHOLD CHANGE NOTICE**

**MHA USE ONLY:**

Housing Specialist: \_\_\_\_\_

V# \_\_\_\_\_

Client Name: \_\_\_\_\_  
(print legibly)

Phone #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HCV Families are required to report changes in household income and composition on this document within 14 days of when the change takes place. For example, you must report a new job within 14 days of the first day of employment, not when the first pay check is received. **You MUST attach PROOF of the change(s) you are submitting. Changes without proof attached will not be processed. If your change is effective for the following month, you must have it submitted by the 20<sup>th</sup> of each month. Any changes submitted after the 20<sup>th</sup>, will be processed within 30 days.**

**HOUSEHOLD INCOME (please check all that apply):**

**Employment**

- Started
- Changed
- Ended

**Child Support**

- Started
- Changed
- Ended

**Social Security**

- Started
- Changed
- Ended

**Unemployment**

- Started
- Changed
- Ended

**TANF**

- Started
- Changed
- Ended

**Other** (ex. Lump Sum, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you are reporting new employment information, you MUST submit the following:**

Name, Address & Phone # of Employer: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Give a brief description of the change reported above \_\_\_\_\_

**HOUSEHOLD COMPOSITION:**

Family member left the Household: name and when moved out \_\_\_\_\_

Request to add member to the Household: name and when moved in \_\_\_\_\_

**PROOF OF INCOME CHANGE EXAMPLES INCLUDE (but are not limited to):**

Consecutive Check Stubs (2), Welcome Letter on Company Letterhead, Separation Notice, Benefit Verification of SS, TANF & Child Support History.

**\*\*\*\*IF PROOF IS NOT ATTACHED, THEN YOUR CHANGE WILL NOT BE PROCESSED AND THE EFFECTIVE DATE OF THE CHANGE WILL BE PROCESSED BASED ON THE DATE THE PROOF WAS RECEIVED\*\*\*\***

**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