



ELGIN HOUSING AUTHORITY

CHANGE REQUEST / UPDATE FORM

Date: _____ Cell. Phone #: _____ Receive Text: Yes or NO

Name of Head of Household: _____

E-Mail Address: _____

Mark 'Type of Change' and fill out information completely:

Changes must be reported within 10 days of the change. Failure to report income may result in loss of assistance and/or debt to Housing Authority for subsidy overpayment.

Add Request: New Family Member: List the family members who you are adding to your household. Provide Supporting Documentation (Social Security Card, Birth Cert., Court Orders, etc.)

First Name	Last Name	Birth Date	SS#	Sex	Relation	Elderly/ Disabled?
1) _____	_____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____	_____

Deleting a Family Member: List the family members who you are removing from your household.

1) _____	_____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____	_____

NEW/INCREASE of income: List all NEW or INCREASES to income sources and recipients.

First Name	Last Name	Source (From where/who)	Amount	How often (Weekly/monthly)
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____

LOSS of income: List who lost income, from what source and when. Also provide a supporting letter or have the source/employer complete the Earned Income Verification Form.

First Name	Last Name	Source (From where/who)	Change	Effective Date
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____

All changes must be reported within 10 days and followed with supporting documentation.

- For increases/New Income: provide the first 2 full paystubs following notification.
- For decreases or loss of income: Employer must email directly with supporting documentation. A form is available for employers use at www.elginhousing.org/forms