

CLIENT CHANGE REPORT FORM

Keep this form until you have a change to report. YOU MUST:

- Tell us about a change within 10 days of when it happens.
- Fill out the section below that applies to the change or changes & give us proof of the change. Remember we must have verification before making any adjustments to your rent.
- Sign and date this form and return it to the HASLC.

Head of Household Name

Social Security # or Client #

Telephone Number

Date

INCOME

STARTED STOPPED CHANGED (check one: Increase Decrease)

Name of Person: _____

Source of Income: _____ Date of Change: _____

DAYCARE

STARTED STOPPED CHANGED

Daycare Provider Name: _____ Date of Change: _____

Amount Paid Per Month: \$ _____ Does Department of Workforce Service help pay cost: YES NO

CHILD SUPPORT PAYMENTS

STARTED STOPPED CHANGED

Name of Person Paying Child Support: _____ Date of Change: _____

Are You Receiving Payment from Office of Recovery Services (ORS): YES NO

Amount Received Per Month: \$ _____

HOUSEHOLD MEMBERS

REQUEST TO ADD NEW HOUSEHOLD MEMBER MOVED OUT

Name of Person: _____ Date of Change: _____

Birth Date: _____ Relationship to You: _____

OTHER CHANGES NOT LISTED

Explain: _____

Date of Change: _____

My Signature below constitutes my consent for the Housing Authority of Salt Lake City to contact any agencies, organizations, offices, or individuals necessary to verify any information needed for my participation in housing assistance programs. The information contained in this document is true to the best of my knowledge.

Signature of Person with Change, if minor adult signature required: _____