HOUSING AND REDEVELOPMENT COMMISSION of the City of Aberdeen
Phone: 605-226-2321 ADDRESS CORRESPONDENCE TO: 310 S. Roosevelt
TTY: 800-877-1113 Aberdeen, SD 57401

TENANT CHANGE REPORT FORM

ALL CHANGES MUST BE REPORTED WITHIN TEN DAYS OF OCCURRENCE.

PLEASE REPORT ALL CHANGES PRIOR TO THE 25TH OF THE MONTH TO ALLOW PROPER TIME TO VERIFY INFORMATION.

USE THIS FORM FOR REPORTING ANY CHANGES.
NO CHANGES WILL BE ACCEPTED UNLESS REPORTED ON THIS FORM
(Supply the appropriate documents for the change(s))

Signatures below constitute consent for Aberdeen Housing Authority to contact any agencies, organizations, offices, or individuals necessary to verify any information needed for my/our participation in the housing assistance programs.

DATE: _____

_____ _____
Head of Household Name Signature

_____ _____
Address Phone

_____ Are we able to text you? Yes_____ No_____
Email Address (Standard messaging rates apply)

Please fill out the following section(s), which apply to the change(s) being reported.

A. NEW INCOME: ___PERMANENT ___TEMPORARY ___SEASONAL

Name of family member with change: _____
Type of income (ex: wage, child support, SS, SSI, etc)_____
Amount receiving: _____ How often received_____
Date when family member starting receiving new income _____

If the new income is from employment, complete the following:
Employer: _____
Employer Address: _____
Employer Phone: _____ Employment starting date: _____
PLEASE ENCLOSE A SIGNED, DATED STATEMENT FROM EMPLOYER TO VERIFY STARTING DATE AND WAGES.

B. INCREASE, DECREASE OR LOSS OF INCOME:

Name of family member with change: _____
Type of income (ex: wage, child support, SS, SSI, etc) _____
____Increase _____Decrease _____No longer employed
New amount receiving: _____How often received: _____
Date when this increase/decrease/loss of income started: _____
If this change is due to employment, complete the following:
Employer: _____
Employer Address: _____Employer Phone:_____

C. CHANGE OF FAMILY MEMBERS:

If adding/removing household members, you must talk to your case worker when handing in the form.

Family members who have moved **into** or **out** of the household:

Legal Name		Relation	Age	Sex	Birthdate	Birthplace
1._____	SS#_____	_____	____	_____	_____	_____
2._____	SS#_____	_____	____	_____	_____	_____
3._____	SS#_____	_____	____	_____	_____	_____

Date Moved In: _____ **Date Moved Out**: _____

D. CHANGE OF CHILDCARE COSTS:

____ I have the following childcare costs:
Name of childcare provider: _____
Address of childcare provider: _____ Phone: _____
Amount of childcare cost: _____How often paid: _____
Name of children childcare is provided for: _____
Amount of childcare reimbursement, if any _____

____ I no longer pay childcare costs. Date last paid for childcare _____

E. CHANGE IN MEDICAL EXPENSES:

I have the following changes in medical expenses: _____
I no longer have the following medical expenses: _____

F. NAME CHANGE:

Current Name	Changing To	Date of Change

COMMENT SECTION (For office use only):

_____
_____
_____