



Household Update

Family Member Reporting a Change

Social Security #

Address (Previous if moving)

Phone #

Change in Family Composition

Bath Housing requires that participants report any change in family composition, complete this form anytime a change occurs. Landlord and Bath Housing approval is required before a new adult member is allowed to move in. We require social security cards, date of birth verifications, marriage certificates, and court statements. All adults (18 years and older) must sign a release whenever a change is reported.

Reason for this change:

_____ Birth/ Adoption

_____ Foster Care

_____ Marriage

_____ Divorce

Family Member Moving Out - New Address:

Family Member Moving In – Move-in Date:

Other Individual Moving Out - New Address:

Other Individual Moving In – Move-in Date:

Name of Person added or deleted

Social Security #

Date of Birth of Person added

Change of Income

Bath Housing requires that participants report any changes in income, complete this form anytime a change occurs. We require pay stubs from employers and award letters from agencies providing assistance.

Reason for income change (select all that apply):

New Job – New Hours/ Rate of Pay:

Increase Or Decrease in Hours Worked – New Hours/ Rate of Pay:

Increase Or Decrease in Pay – New Hours/ Rate of Pay:

Increase Or Decrease in TANF – New Hours/ Rate of Pay:

Increase Or Decrease in Social Security – New Hours/ Rate of Pay:

Increase Or Decrease in Child Support – New Hours/ Rate of Pay:

Other, Please Explain:

Source of Income	Address	Phone #
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Change of Address/ Moving Request

For Housing Choice Voucher Participants only; you can move at the termination of your lease or with adequate notice and approval from current landlord. A 30 day notice is required to be given to landlord prior to move.

Reason for this change:

_____ I wish to move, please sent me a Request for Lease Approval. My lease expires on: _____

_____ I have a new mailing address, please update your records

New Unit Address

Landlord Name - Mailing Address	Phone #
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Head of Household Signature	Date
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Other Household Member over 18 Signature	Date
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Other Household Member over 18 Signature	Date
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