

TEL: 404-270-2500
FAX: 404-270-2550
HOUSING CHOICE VOUCHER FAX:
404-270-2643
www.dekalbhousing.org

750 Commerce Drive
Suite 201
Decatur, Georgia 30030



Please check this box if you have submitted a 60 Day Notice of Intent to Vacate.

Change of Income and/or Family Composition Form

Please complete the information below to report an income and/or family composition change:

Type of Change: Income Family Composition Check all that apply

Print Name of Head of Household: _____
Social Security Number: _____ Telephone No. _____
Signature: _____ Date: _____

Income Changes: Please provide the complete Name and Address of all Income Sources:

If reporting a Decrease: Examples: Loss wages, No longer receiving TANF or Social Security, or other benefits you are no longer receiving, etc.

Income that is decreasing: _____ Date income changed: _____
Family Member with a Decrease: _____ Reason for a Decrease: _____
Address of Source: _____ Phone No.: _____

If reporting an Increase: Examples: Employment, SSI, Unemployment benefits, Self-employed etc.

Full name or Source of Income: _____ Date income changed: _____
Family Member with a Decrease: _____ Reason for Decrease: _____
Address of Source: _____ Telephone No. _____

Family Composition Change:

HADC will only approve the following additions with proper documentation: Birth of a child by family members living in the unit. By adoption or court ordered custody, marriage, or live-in-attendant.

Person to be added/deleted: _____
Male/Female __ Relation to Head of Household _____ SSN _____ DOB _____
Date moved out: _____

Child Care Changes:

Name of Child Care provider _____ Address : _____
Number of Hours: _____ Name of Child _____ Age of Child _____
Phone Number of Child Care Provider _____

Warning: TITLE 18, SECTION 1001 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFULLY FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OF AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN IT'S JURISDICTION.