NOTICE OF CHANGE TO MISSOULA HOUSING AUTHORITY

ALL CHANGES MUST BE REPORTED WITHIN 10 DAYS OF KNOWING ABOUT THE CHANGE AND BY THE 15TH OF THE MONTH TO EFFECT A RENT CHANGE FOR THE NEXT MONTH

_____/_____ Attn: _____

Name of Head of Household Phone Number Name of Program Specialist

Mailing Address:_____

Change effective date: _____

I am reporting a change in:

☐ **Family Composition - Please describe change & give name of person who has moved:**
*** Reminder: For a request to **add** a member, the person must be approved in **ADVANCE** in writing by MHA & your landlord before they can move in. Complete an Add a Member request packet to add a person. **Please be aware that it may take 45-60 days for your request to be processed**.

_____

_____

_____

☐ **Income – Please describe change & provide all relevant details and requested information, including which household member has the change in income:**

_____

_____

_____

* If new employment or change in current employment please provide the following*

Name of Employer_____ Contact Person_____

Address_____ Phone #_____ Fax #_____

Start/End Date of employment:_____ # Hours/week_____ Rate of pay $_____

☐ **Expenses – Please describe change & provide household member's name:**
*** Eligible expenses are childcare if 12 years & younger OR medical if elderly or disabled.

_____

_____

I certify that the information provided above is true to the best of my knowledge. I understand that providing false, incomplete or misleading information could result in termination of my housing assistance.

_____ _____/_____

Please print name of person reporting change **Signature** **Date**