

# NOTICE OF CHANGE TO MISSOULA HOUSING AUTHORITY

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

\_\_\_\_\_/\_\_\_\_\_  
Name of Head of Household      Phone Number      Attn: \_\_\_\_\_  
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