



**Yuba County Community Development
Department
Housing Authority Division
915 8th Street, Suite 130, Marysville CA 95901
Telephone (530) 749-5460 * FAX (530) 749-5464**

**CHANGES IN HOUSEHOLD/INCOME/ADDRESS
(TENANT/APPLICANT)**

TODAY'S DATE: _____
NAME: _____
OLD ADDRESS: _____
NEW ADDRESS: _____
CITY/STATE/ZIP: _____
NEW PHONE: _____

HAS A HOUSEHOLD MEMBER STARTED/ENDED WORK:

FAMILY MEMBER NAME: _____
EMPLOYER'S NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____
AMOUNT RECEIVED: _____
(PER HOUR/WEEK/SEMI-WEEKLY/BI-MONTHLY/MONTHLY)
IS THIS PERMANENT? _____
DATE OF CHANGE: _____

IS A HOUSEHOLD MEMBER RECEIVING UNEMPLOYMENT/SSI/SSA/TANF:

FAMILY MEMBER NAME: _____
SOURCE: _____
DATE OF AWARD: _____
AMOUNT RECEIVED: _____
(PER WEEK/MONTHLY)

HAS ANYONE MOVED INTO/OUT OF HOME:

NAME: _____
DATE: _____
REASON: _____
IS THIS PERMANENT? _____
(IF ADDITION, PLEASE PROVIDE BIRTH CERTIFICATE AND SOCIAL SECURITY CARD)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORECT. I ALSO UNDERSTAND THAT EACH TIME THERE IS A CHANGE OF ADDRESS/INCOME/HOUSEHOLD COMPOSITION THAT I MUST REPORT IT, IN PERSON, TO THE HOUSING AUTHORITY.

SIGNATURE: HEAD OF HOUSHOLD

SIGNATURE: HOUSING REPRESENTATIVE