

SANTA ANA HOUSING AUTHORITY CHANGE REPORT FORM

M-27, PO BOX 22030, SANTA ANA, CA 92702
PHONE (714) 667-2200 FAX (714) 547-5411

Instructions Check here if you need a Change Report Form mailed to you

▶ Fill Out Change Report Form, ▶ Attach proof of all changes and ▶ Turn in or mail form, ▶ Report within 2 weeks any change of ▶ Income or ▶ Family Composition ▶ More instructions on back of form ▶ Mas Instrucciones en español detras de la oja ▶ Xin đọc thể thức báo cáo bằng tiếng Việt phía sau

Case Information:

Tenant Code:		Housing Specialist:		Rexam Month
Head of Household Last Name		First Name		Middle Name
Street Address		Apt #	City	
Cell Phone Number ()		Home Phone Number ()		Work Phone Number ()
E-Mail Address			Message Contact Phone Number and Name ()	

Report Changes of Family Income

Report: ▶ Person's name ▶ Date of Income Change, ▶ New Amount and ▶ Type of income
Attach: ▶ Proof of income for all changes; ▶ Copies of check stubs, ▶ Award notices, ▶ Printouts or ▶ Letters from employers

Last Name	First	Date Changed	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Amount \$	<input type="checkbox"/> Job/Raise <input type="checkbox"/> CalWORKs <input type="checkbox"/> Social Sec <input type="checkbox"/> Other
Last Name	First	Date Changed	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Amount \$	<input type="checkbox"/> Job/Raise <input type="checkbox"/> CalWORKs <input type="checkbox"/> Social Sec <input type="checkbox"/> Other

Report Changes of Family Household Size

Adding Person: ▶ Housing Authority Must Approve the Person Before Moving into Home
Attach: ▶ Statement with explanation; why you wish to add the person, ▶ Picture ID, ▶ Social security card, ▶ Birth certificate or Immigration document, ▶ Documentation of current address, ▶ Verification of income, asset and school.
Submit: ▶ A separate Change Report Form for each person

Removing Person: ▶ Move out Date: / /
Attach: ▶ Proof of New Address

Last Name	First	Birth Date	Relationship
Current Address		Income Type	<input type="checkbox"/> Job <input type="checkbox"/> CalWORKs <input type="checkbox"/> Social Sec <input type="checkbox"/> Other

Other Information You Wish to Report

Family Member Signature	Date

If you do not receive the White Confirmation Copy within 30 days, contact your Housing Specialist

DO NOT WRITE BELOW – HOUSING AUTHORITY USE ONLY

Dear Family: <input type="checkbox"/> Additional information is needed to support your reported change. (See comments)	
<input type="checkbox"/> Your request to add another person to your household has been denied.	
Tenant Rent: <input type="checkbox"/> Will change <input type="checkbox"/> Will not change <input type="checkbox"/> Will be evaluated. (See comments)	
Housing Comments	
<input type="checkbox"/> An office appointment is scheduled:	<input type="checkbox"/> Information Due:
Housing Specialist Signature	Date: