



PHILIP HUANG, MD, MPH  
 DIRECTOR

## Income/Family Composition Change Form

Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_

It is the responsibility of the family to report *any* changes in household income and/or family composition to Dallas County Housing Agency in writing within ten (10) days of the occurrence. **Changes will not be considered as reported until verification is received, and the participant has signed a lease agreement which reflects the reported change.** You must continue to pay your portion of rent until you receive the HAP Contract Amendment Notice with the effective date of the change.

Reason for change:

**Change of Income:** (please check one)

Increase (Employer Name) \_\_\_\_\_ (Rate of Pay) \$ \_\_\_\_\_ Weekly hours \_\_\_\_\_  
 (example: New Employment, Social Security/Disability Benefits, Pension, Child Support, Contributions)  
 Indicate your change: \_\_\_\_\_

Decrease (Employer Name) \_\_\_\_\_ (Rate of Pay) \$ \_\_\_\_\_ Weekly hours \_\_\_\_\_  
 (example: Separation/Termination from employer, reduced wages, No longer receiving income)  
 Indicate your change: \_\_\_\_\_

**Change in Family Composition:**

(example: a household member moved out, marriage, newborn, or deceased family member)

Indicate your change: \_\_\_\_\_

**Change of Expenses:**( please check one)

- Childcare (dependents 12 years and younger)
- Medical Expenses (for head of household)
- Spouse is disable

**Other:** \_\_\_\_\_

**Client Contact Information**

Head of Household: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City/ Zip \_\_\_\_\_

Email address: \_\_\_\_\_