



300 Hickory • P.O. Box 45 • Carterville, Illinois 62918  
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## CHANGE REPORT

Resident: \_\_\_\_\_ Tele/Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

### 1. FAMILY COMPOSITION:

A. Adding Household Member

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Income of New Household Member: \_\_\_\_\_

B. Removing a Household Member

Name: \_\_\_\_\_

**(In-Person Signature Required by Adult Requesting to be Removed from Lease)**

Reason for Removal: \_\_\_\_\_

### 2. INCOME:

*Circle Below Which Applies:*

Decrease of Income      or      Increase of Income

Name of Income Source: \_\_\_\_\_

Amount of Decrease: Hourly \_\_\_\_\_ Weekly \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

### List Submitted Documentation and/or Provide Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resident/Participant Signature: \_\_\_\_\_

Other Adult: (if applicable) \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Receipt Date: \_\_\_\_\_