mesa·az
HOUSING AND COMMUNITY DEVELOPMENT

MS-9870
200 S Center Street – Building 1
P.O. Box 1466
Mesa, AZ 85211-1466
Office (480) 644-3536
Fax (480) 644-2923
Lobby Hours: Monday-Thursday 7:00 a.m.-5:30 p.m., closed Friday

Recert Date: _____ Housing Specialist: _____
(OFFICE USE)

CHANGE REPORT FORM (INCOME AND CHILD CARE)

ALL changes are to be reported with 10-days of its occurrence

Head of Household: _____ SS #: xxx / xxx / _____

Telephone #: ____-_____-_____ Message #: ____ - _____ - ____ Email: _____

COMPLETE ONLY THE SECTION(S) PERTAINING TO THE CHANGE (See Other side)

EMPLOYMENT: Provide complete employer information

◯New Job ◯ Raise ◯Hours Change ◯ Lost Job

Household Member: _____

Employer/Temp. Agency Name (if applicable):

_____

Address: _____

City State Zip: _____

Telephone: _____ Fax _____

Verifications through The Work Number Agency Code: ___

Start date: _____ End date: _____

Pay Rate: $ _____ Hours per Week: _____

Pay Period: ◯Weekly ◯Biweekly ◯2x Monthly ◯Monthly

◯New Job ◯Raise ◯Hours Change ◯Lost Job

Household Member: _____

Employer/Temp. Agency Name (if applicable):

_____

Address: _____

City State Zip: _____

Telephone: _____ Fax _____

Verifications through The Work Number Agency Code: _

Start date: _____ End date:_____

Pay Rate: $ _____ Hours per Week: ____

Pay Period: ◯Weekly ◯Biweekly ◯2x Monthly ◯Monthly

OTHER INCOME CHANGE: Mark the box that applies
Household Member Change is for: _____ **DOB:** _____

Start	Change	Stop	(left blank on purpose)		
			Social Security / SSI / SSD	Amount $ _____	Effective Date: _____
			Cash Assistance (DES)	Amount $ _____	Effective Date: _____
			Child Support	Amount $ _____	State: ___Case #_____
			Unemployment	Amount $ _____	Effective Date: _____
			Family Support (Cash/Items)	Amount $ _____	Effective Date: _____
			Other: _____	Amount $ _____	Effective Date: _____

CHILD CARE CHANGE: Mark the box that applies

Change	Start	Stop	
☐	☐	☐	**Provider:** _____
			Address: _____ **City/State/Zip:** _____
			Telephone: _____ **Fax:** _____
			Amount you pay out of pocket: $_____ **Other (if applies):** Increase☐ Decrease☐

PARTICIPANT CERTIFICATION: **I certify that the information given to the Mesa Housing Authority is accurate and complete to the best of my knowledge and belief. I understand making false statements of information is punishable under Federal law. I also understand making false statements or incorrect information is grounds for termination of housing assistance.**

Signature: _____ **Date:** _____
Head of Household/Spouse/Other Adult

For accommodations, such as braille, large print, or translation, please contact City of Mesa Housing and Community Development at (480) 644-3536, or AzRelay 7-1-1 for those who are deaf or hard of hearing.
Si necesita información en español por favor de llamar al 480-644-3536.

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CHANGE REPORT FORM (HOUSEHOLD COMPOSITION)

ALL changes are to be reported with 10-days of its occurrence

Head of Household: _____ SS #: xxx / xxx / _____

Telephone #: ____-_____-_____ Message #: ____ - _____ - ____ Email: _____

COMPLETE ONLY THE SECTION(S) PERTAINING TO THE CHANGE (See Other side)

HOUSEHOLD CHANGE: Mark the box that applies

ADD	REMOVE	When adding a member, also include INCOME & BANK information
		Name: _____ **DOB:**_____ **Relation**: _____
		Name: _____ **DOB:**_____ **Relation**: _____
		Name: _____ **DOB:**_____ **Relation**: _____

Needed Docs (Submit with PDF – we will mail back any originals sent to us)

- **Birth Certificate**
- **Social Security Card**
- **Picture ID**
- **Declaration 214**
- **Proof of Permanent Residency or Naturalization** (If born outside of the U.S.) _____
- **Background Check Release**
- **Written approval from landlord** (if 18+) _____

* Adding a household member requires Mesa HA AND landlord approval *before* moving in (except newborns).
* Custody or legal guardianship paperwork is required if not your child/children.
* If removing someone, evidence of the former family member's new address must be attached.

18 yrs & Older: If 18 or older and in **School Full or Part Time,** fill out below. If **working,** fill out employment info also.

School Name: _____ Full Time: ☐ Part Time: ☐ Enrolled Date: _____

Address: _____ Registrar's Telephone: _____ Graduation Date: _____

Needed Docs (please check): **F/PT Student Status** ____ **Tuition Expenses** ____ **Financial Aid/Grants** ____

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Signature: _____ **Date:** _____
Head of Household/Spouse/Other Adult

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