



MARQUETTE HOUSING COMMISSION

316 PINE ST. MARQUETTE, MI 49855 • TEL (906) 226-7559 • FAX (906) 226-8633

REPORT OF CHANGE FORM

IMPORTANT: MHC Public Housing tenants and Housing Choice Voucher participants are required to report all increases in income/assets, decreases in family composition (household make-up), and decreases in household expenses (disability, medical, child care, etc.) within 10 days of the change. This form will be used as the only acceptable method of reporting such changes to the MHC. The date it is received by MHC Staff is the date it will be considered reported.

Tenant Name _____ Head of Household Name _____

	Increase (X)	Decrease (X)	New Amount (\$/month)	Source/Contact Information (Company Name and Phone)	Date of Change (Effective when?)
Income from wages	_____	_____	_____	_____	_____
Income from wages	_____	_____	_____	_____	_____
Social Security/SSI	_____	_____	_____	_____	_____
Medical Expenses	_____	_____	_____	_____	_____
Child Care Expenses	_____	_____	_____	_____	_____
F.I.P/TANF Benefits	_____	_____	_____	_____	_____
Family Contribution	_____	_____	_____	_____	_____
Pension Benefits	_____	_____	_____	_____	_____
Asset: _____	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____
Comments: _____					

Release of Information: I consent to allow the MHC to request and obtain any information regarding income, assets, expenses, and change of family status in accordance with HUD regulations. This information is necessary to re-align subsidized rental amounts that I may qualify for.

Tenant Certification: The information provided above is true, current and accurate. I am aware that before the MHC can process this change and make appropriate adjustments to my rent, if any, the information reported must be third-party verified in accordance with HUD Regulations without my (tenant) interference and/or assistance.

(Decreases in tenant rent portions are made effective the 1st day of the month following the form's submission date. Increases in tenant rent portions are made effective the 1st day of the second month following such.)

Tenant Signature _____ Date _____