



# Greene Metropolitan Housing Authority

538 N. Detroit Street, Xenia, OH 45385

Xenia: 937-376-2908, Fairborn: 937-429-7736

General Fax: 937-376-2487, Public Housing Fax: 937-347-1235, Section 8 Fax: 937-347-1230

Website: [www.gmha.net](http://www.gmha.net)

## CHANGE REPORTING FORM

Head of Household: \_\_\_\_\_ SS# \_\_\_\_\_

Name of Household member with change: \_\_\_\_\_ SS# \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tenant Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ email: \_\_\_\_\_

**Changes will NOT be processed if required documentation is incomplete or not attached. Failure to report and provide the necessary verifications within 10 calendar days may result in termination of your assistance and/or having to repay monies you were not entitled to.**

**Step 1: Check the appropriate box for the change in which you are reporting. (Mark at least one)**

Employment Starting

Employment Ending

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

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

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

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Child Support

OWB/Cash Assistance

Child Care Expenses

Pension/Retirement

Social Security/SSI

Medical Expenses

Adding person(s) to household

other: \_\_\_\_\_

(Attach Authorization for Additional Persons Packet)

Removing person(s) from household

(Attach Decrease of Family Composition Form)

**Step 2: Describe how the change is affecting your income. (Mark at least one)**

Income Decrease

Income Increase

Decrease start date \_\_\_\_\_

Increase start date \_\_\_\_\_

No change in income

**Step 3: Attach the required documentation to verify the change you are reporting and mark the appropriate box.**

I have attached:

Verification of Employment Income Form

3 months of consecutive paystubs

SSI/Social Security benefits printout

child support payment history (12 months)

Unemployment Benefits

**If zero income you must complete a Regular Contributions form and please attach at least one of the following:**

Certification of Zero Income

Affidavit of Zero Income

(to be completed by the head of household only)

(to be completed by any other adult 18+)

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

Tenant Signature: \_\_\_\_\_

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