

Date Received _____
Housing Specialist _____

Berkeley Housing Authority

FAMILY NOTICE OF CHANGE(S)

PLEASE ALLOW AT LEAST 30-DAYS TO PROCESS

This form must be submitted to the Berkeley Housing Authority (BHA) with all the proper documentation in order for a change to be considered.

Head of Household _____ SS# _____

Address _____ City _____

Home Phone _____ Cell Phone _____ Email _____

1. Income Change (Attach wage stubs or other documentation)

My income has **increased**. Explain: _____

My income has **decreased**. (Note: changes will only be made if written proof of an decrease lasting 30 or more days is provided.) Explain: _____

2. Household Change: The following person(s) plan to move-in or move-out (prior to moving anyone into your unit you must get written approval from both the landlord and the BHA.

	Name (print) & Date of Birth	Relation to Head of Household	New Address (for person moving out)
Move-In <input type="checkbox"/>	Name _____		
Move-Out <input type="checkbox"/>	Date of Birth _____		
Move-In <input type="checkbox"/>	Name _____		
Move-Out <input type="checkbox"/>	Date of Birth _____		

3. Student Status Change: A household member (other than the head of household), who is 18 years or older, is or is no longer a **FULL TIME** student (as defined by the school or program) at a school or job training program.

Name of student 18 year or older	School/Program and Address	# Units	Date of Change

4. Other: Explain

Note: All changes must be reported within 14 days of occurrence.

Signature (Head of Household)

Date