



## BURLEIGH COUNTY HOUSING AUTHORITY

410 SOUTH 2<sup>ND</sup> STREET, BISMARCK ND 58504-5534, 701-255-2540 FAX 701-255-3459  
TDD: 1-800-545-1833 EXT. 439 WEBSITE: [www.burleighcountyhousing.com](http://www.burleighcountyhousing.com)



### CHANGE REPORTING FORM

#### Income, Assets & Household Composition

PLEASE PRINT LEGIBLY. COMPLETE ANY THAT APPLY TO YOUR HOUSEHOLD.

MUST BE SIGNED ON THE LAST PAGE.

Head of Household: \_\_\_\_\_

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

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

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

Effective Date of Change (if known): \_\_\_\_\_

#### 1. Household Composition Changes

Check all that apply:

- ☐ Household member moved in
- ☐ Household member moved out
- ☐ Birth/adoption
- ☐ Marriage
- ☐ Divorce/separation
- ☐ Other: \_\_\_\_\_

Name of person affected: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_

Date of change: \_\_\_\_\_

Is the person requesting to be added to the household? ☐ Yes ☐ No (If Yes, additional form required-ask Front Desk staff)

*Attach required verification, if applicable.*

**Continued...**

## **2. Income Changes**

Check all that apply:

- ☐ New job/employment
- ☐ Loss of employment
- ☐ Change in wages/hours
- ☐ Self-employment/business income
- ☐ Social Security/SSI/SSDI
- ☐ Unemployment benefits
- ☐ Child support/alimony
- ☐ Pension/retirement income
- ☐ Other income: \_\_\_\_\_

**Household member change applies to:** \_\_\_\_\_

**Employer/Source:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Employer Email (required):** \_\_\_\_\_

**New gross income:** \$ \_\_\_\_\_ ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Other

**Date income started/stopped/changed:** \_\_\_\_\_

## **3. Asset Changes**

Check all that apply:

- ☐ New bank/savings account
- ☐ Closed account
- ☐ Change in account balance
- ☐ Sale or purchase of property/real estate
- ☐ Inheritance
- ☐ Trust or other asset
- ☐ Other: \_\_\_\_\_

**Household member change applies to:** \_\_\_\_\_

**Type of asset:** \_\_\_\_\_

**Approximate value/balance:** \$ \_\_\_\_\_

**Date of change:** \_\_\_\_\_

**Continued...**

#### 4. Supporting Documentation

Please attach available verification, such as:

- ☐ Pay stubs    ☐ Employer statement    ☐ Benefit letter  
☐ Bank/financial statement    ☐ Court/legal document  
☐ Other: \_\_\_\_\_

#### 5. Certification

I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that I am required to report changes to BCHA within 10 calendar days from the date that the change occurs.

**Head of Household (or other adult) Signature:** \_\_\_\_\_

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