

## Portage Metropolitan Housing Authority

 $Section~8~Department \\ \textbf{2832 State Route 59, Ravenna, Ohio}~44266 \cdot \textbf{Telephone:}~(330)~297-1489~\textit{Fax:}~(330)~577-0000$ ·Equal Housing Opportunity·

## **Change of Income or Household Composition Reporting Form**

Name:			
Address:			
Today's Date:			
Date of Change:			
In the space below, briefly describe how your i	income or household cor	mposition has changed	
Please note, you will also need to complete a Personal Decl any additional information needed by PMHA to process the can information, documentation or signatures needed from the occurs. If the change is not reported within the required to considered untimely reporting and the following guidelines were supported to the considered untimely reporting and the following guidelines were supported to the considered untimely reporting and the following guidelines were supported to the considered untimely reporting and the following guidelines were supported to the considered untimely reported to the considered to the conside	change. All changes must be re the family to verify the change mount the period, or if the family fails	ported within 30 days of wher ust be provided within 30 days to provide documentation or	n the change occurs. of when the change signatures, it will be
would have been effective had it been reported in a timely n following completion of processing by PMHA and not retroact	nanner; (2) Any decrease in te		
Signature			
•	D	ate	