



# Area Housing Authority of the County of Ventura

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Serving Camarillo, Fillmore, Moorpark, Ojai, Simi Valley, Thousand Oaks, and the unincorporated areas of Ventura County

## PARTICIPANT STATUS UPDATE – CHANGE IN INCOME OR FAMILY COMPOSITION (Attach Additional Information If Needed)

Date: \_\_\_\_\_ Client Number: \_\_\_\_\_

Head of Household: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address, City, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ / \_\_\_\_\_

**Change of Income** (Please attach documentation – pay stubs, notifications, etc.)

Increase in Income       Decrease in Income      Family member w/ change: \_\_\_\_\_

Reason: (check all that apply)

New job       # Hours worked       Rate of pay       TANF  
 Child Support       Social Security       Other (describe below)

Describe the change: (Amounts, Hours worked, etc.) \_\_\_\_\_

**Addition of a family member** (Please attach documentation – birth certificates, court documents, etc.)

Reason: (check one)

Birth       Adoption       Court-Awarded Custody       Marriage

Other-Describe: (\*will not be approved if the addition causes overcrowding) \_\_\_\_\_

New member information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

M/F: \_\_\_\_\_ Requested Move-In Date: \_\_\_\_\_

Relationship to HOH: \_\_\_\_\_ SSN: \_\_\_\_\_

**Removal of a Family Member**

In accordance with the AHA Administrative Plan, Chapter 11-II-B, adult household members who have been removed by the family will **not** be allowed to return to the assisted unit.

Evidence to support that the person is no longer a part of the household will be required (documentation of another address include items such as a lease or utility bill).

Removed member information:

Name: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_

I (HOH) \_\_\_\_\_ certify that I understand the AHA's policy on **removing** family member(s) from my household composition, and acknowledge my responsibility to report any changes of family members to the AHA in writing within 10 business days as stated in the Family Obligations.

Signature \_\_\_\_\_

Date \_\_\_\_\_

<i>For Office Use Only</i>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Date Notification Sent:	Housing Tech Initials:

