

Phone (503) 798-4170 FAX (503) 798-4171 TDD 1-800-735-2900



Office Use Only

TENANT HOUSEHOLD UPDATE REPORT

PLEASE PRINT CLEARLY AND COMPLETE ENTIRE FORM

(Illegible forms will not be processed)

HEAD OF HOUSEHOLD NAME	SS#
PHONE NUMBER(S)	EMAIL
Name of person filling out this form if not Head of House	ehold
Signature	Date FSS Participant:YesNo
New Physical Address	
New Email New Phone Number	New Message/Cell Number
CHANGE IN FAMILY COMPOSITION	d Birth Certificate for MCHA to verify and copy.***
Add Remove	
Name SS#	Name SS#
Date Moved In/Out	Date Moved In/Out
Male/Female Citizen: Yes/No	Male/Female Citizen: Yes/No
Date of Birth	Date of Birth
Relationship	Relationship
Explain Why Change Occurred:	
	state: The family <u>MUST</u> request <u>MCHA approval</u> to add any other family it in writing and <u>PRIOR to the person moving into the unit</u> .
OTHER CHANGE(S)	

Explain Changes

*****IF YOUR HOUSEHOLD CHANGES HAVE AFFECTED YOUR INCOME YOU MUST** COMPLETE A TENANT INCOME UPDATE REPORT***

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority office.

STATEMENT OF NONDISCRIMINATION

Marion County Housing Authority does not discriminate on the basis of race, color, sex, religion, familial status, age, disability, national origin (called "protected classes"), marital status, source of income, type of occupation, sexual orientation, gender identity or domestic partnership.

Office Use Only	
Program:	
Entered Data:	
Scanned:	This agency is an equal opportunity provider
Other:	2645 Portland Rd. NE, Suite 200, Salem, OR 97301
Case Manager:	