

**AURORA HOUSING AUTHORITY**  
**SECTION 8 PROGRAMS**  
**Interim Change in Income or Family Composition Request**

Please complete this form if you have had a change in your income (increase or decrease) or you request a change in your family composition (to add or remove a family member). Please fill out this Request form and the attached Application for Continued Occupancy. This information will help us process your income and/or family composition change quickly and efficiently.

Check off the statement below that applies to your family.

- My (or a family member's) income has decreased.
- My (or a family member's) income has increased.
- Provide a letter from your employer, on employer letterhead, stating: start date, rate of pay, and hours worked per week.
- I (or a family member) has a new job.
- I (or a family member) have lost a job.
- I am paying more (or less) for child care.
- I (or a family member) is no longer receiving TANF, SSI, SS, etc.
- I (or a family member) began receiving TANF, SSI, SS, etc.
- I am adding a family member to my household.
- I am removing a family member from my household.

Please give a brief explanation below of the statements you checked. Remember to list the names of the family member(s) involved in the change. If you lost a job or got a new job: provide the name, address, phone number and contact person of that employer. If someone left your household, state the date they left and their new address. Please include all details! Thank you.

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Attach any documentation or verifications of your change(s) to this form.

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Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Family Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Family Member Signature

\_\_\_\_\_  
Date

