

## Portage Metropolitan Housing Authority

 $Section~8~Department \\ \textbf{2832 State Route 59, Ravenna, Ohio}~44266~ \textbf{\cdot}~ \textbf{Telephone:}~(330)~297-1489~ \textbf{Fax:}~(330)~577-0000$ •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 composition has changed.
any additional information needed by PMHA to process th change occurs. Any information, documentation or signat business days. If the change is not reported within the required by the considered untimely reporting and the following guid	laration form, sign authorizations allowing PMHA to verify the change and provide the change. All changes must be reported within 5 business days of when the tures needed from the family to verify the change must be provided within 10 quired time period, or if the family fails to provide documentation or signatures, it delines will apply: (1) Any increase in tenant rent will be effective retroactive to a timely manner; (2) Any decrease in tenant rent will be effective on the first of not retroactively.
Signature	 Date