



Housing Specialist: \_\_\_\_\_

# REPORT OF CHANGES

## Housing Authority of the City of Baldwin Park

14403 E. Pacific Avenue · Baldwin Park, CA 91706  
(626) 869-7500, EXT. 552 · FAX: (626) 214-9095

Head of Household: \_\_\_\_\_

Phone: \_\_\_\_\_

I certify that the following changes have occurred to \_\_\_\_\_  
person with change(s)

as of \_\_\_\_\_:  
date of change(s)

**Stopped Working**

**Started Working**

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

State & Zip: \_\_\_\_\_

A **DECREASE** of the following income:

CalWorks/TANF

Unemployment (EDD)

Disability Insurance (DI)

General Relief (GR)

Social Security (SS)

Pension

Child Support

Worker's Compensation

Veteran's Benefits

Supplemental Security Income (SSI)

Other: \_\_\_\_\_

An **INCREASE** of the following income:

CalWorks/TANF

Unemployment (EDD)

Disability Insurance (DI)

General Relief (GR)

Social Security (SS)

Pension

Child Support

Worker's Compensation

Veteran's Benefits

Supplemental Security Income (SSI)

Other: \_\_\_\_\_

### Changes in family size:

Newborn child

Name \_\_\_\_\_

Adoption/Court Awarded custody

Name \_\_\_\_\_

Family members moved out

Name \_\_\_\_\_

Request to add new member

Name \_\_\_\_\_

**\*\*Cannot move-in until written approval is received\*\***

Other explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date