



**City of Janesville  
Housing Services  
Rent Assistance**

For Dept. Use Only:

**Change Form Request**

**Head of Household Information**

_____	_____	_____	_____	_____
Last	First	Middle Initial	XXX-XX-	Last 4 of SSN
_____	_____	_____	_____	_____
Street	Apt./Unit	City	State	Zip

Family Member with Change: \_\_\_\_\_

Phone Number: \_\_\_\_\_ When can we reach you? ANY TIME ONLY PM ONLY AM OTHER: \_\_\_\_\_

**Employment Update**

I am reporting an INCREASE

_____	_____	
New Employer Name	New Employer Telephone	
_____		
New Employer Address		
_____	_____	_____
Start Date	Rate of Pay	Avg. hours per week

Name of Household Member Who is Employed: \_\_\_\_\_

Pay Schedule: Weekly Bi-Weekly Monthly **Please provide 4 weeks' paystubs**

I am reporting a DECREASE **Verification must be provided before any changes can be made**

_____	_____
Old Employer Name	Old Employer Telephone
_____	_____
Employer Full Address	Termination/Quit Date

**Other Income Update**

Indicate the change in any other type of income – pension, self-employment, VA benefits, child support, W-2, unemployment, plasma donations, bartering, gifts, contributions, annuities, etc.

_____	_____	_____
Source	Effective Date	New Amount

## Family Composition Update

I am reporting a family member MOVED OUT

Household Member Name

Moved Out Date

Street

Apt./Unit

City

State

Zip

I am reporting a NEW BABY **Please provide a social security card**

Baby Name

Baby Birthdate

M / F

## Student Status Update

You must attach the following: verification of enrollment status (current credits), copy of financial aid award letter, and verification of tuition cost.

Household Member Name

## Childcare Expense Update

Paid child care expenses of children 12 years or younger may be considered in the rent calculation of eligible households. Your Economic Support Statement may be submitted in place of statements or receipts from your provider.

Name of provider

Provider Telephone

Week

Month

Year

Start Date

End Date

Amount Paid

By signing below, I certify that the information provided to the City of Janesville Housing Services is true and accurate. I understand that giving false information may jeopardize my eligibility to receive future assistance.

Signature

Date

**This is an important notice. Please have it translated.**

Este aviso é importante. Por favor mande traduzir.

Este es un aviso importante. Por favor hagalo traducir.

Ceci est important. Veuillez faire traduire

本通知很重要。請將翻譯成中文。

Đây là một bản thông cáo quan trọng. Xin vui lòng cho dịch lại thông cáo ấy.