



ASHEVILLE HOUSING AUTHORITY

Housing Choice Voucher Program
165 South French Broad Avenue
Asheville, NC 28801

Business Hours: 9 a.m. – 5 p.m. Monday – Thursday

REPORT OF HOUSEHOLD CHANGE

Name of Head of Household: _____

Head of Household Social Security Number: _____

Phone Number: _____ Email: _____

Name of household member change is for (if different from Head): _____

Mark all changes being reported and attach documents to support the change:

I start/started a new job at _____ on _____
with an hourly wage of \$_____ for an average of _____ hours per week bi-weekly monthly

I am no longer employed at _____ as of _____
for the following reason: I quit. I was laid off. I was fired for just cause.

I am now paying for child care to _____ at a rate of
\$_____ weekly bi-weekly monthly

Other change (Provide brief description.): _____

Name of household member reporting the change: _____

Signature: _____ Date: _____