



# Housing Authority of the City of Pittsburgh

916 Cumberland Street, Pittsburgh, CA 94565  
Tel: (925) 252-4830 FAX (925) 427-2715

## REPORT OF CHANGES

Are you on the waiting list?  Yes  No

Today's Date: \_\_\_\_\_

Please Print:

\_\_\_\_\_  
Last Name First Name Middle Initial

Head of Household's name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No: \_\_\_\_\_  
Home Work Message/Cell

.....  
Are you requesting an appointment?  Yes  No

If yes, please explain reason for appointment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
Do you have a change of income?  Yes  No List below **ALL** income received by family:

<u>Source (Agency Name and Address)</u>	<u>Monthly Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

.....  
Are you reporting changes in your family composition?  Yes  No

Are you requesting to add or remove family members? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
The information indicated above is true and complete.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date