

YANKTON HOUSING & REDEVELOPMENT COMMISSION
PO BOX 176, 416 Walnut Street Yankton, SD 57078
(605) 668-5256 FAX 605-662-5265

TENANT CHANGE REPORT FORM

ALL CHANGES MUST BE REPORTED WITHIN TEN DAYS OF OCCURRENCE.

PLEASE REPORT ALL CHANGES PRIOR TO THE 20th OF THE MONTH TO ALLOW PROPER TIME TO VERIFY INFORMATION.

USE THIS FORM FOR REPORTING ANY CHANGES.
NO CHANGES WILL BE ACCEPTED UNLESS REPORTED ON THIS FORM

DATE: _____ Head of household name _____

By Completing this form, I authorize YHRC to verify information listed.

Print name (Person Completing Form) _____ Signature: _____

Address: _____ Phone: _____

Please fill out the following section(s), which apply to the change(s) being reported.

A. NEW INCOME ___ PERMANENT ___ TEMPORARY ___ SEASONAL ___

Name of family member with change: _____ Type of income (ex: wage, child support, SS, SSI, etc.) _____

Amount receiving: _____ How often received: _____ Date when family member starting receiving new income: _____

If the new income is from employment, complete the following:

Employer: _____ Employer address: _____

Employer phone: _____ Employment starting date: _____

PLEASE ENCLOSE A SIGNED, DATED STATEMENT FROM EMPLOYER TO VERIFY STARTING DATE AND WAGES.

B. INCREASE OR DECREASE IN CURRENT INCOME:

Name of family member with change: _____ Type of income: (ex: wage, child support, SS, SSI, etc.) _____

_____ Increase _____ Decrease (Please check one) New amount receiving: _____ How often received: _____

Date when the increase/decrease started: _____

If this change is regarding Child Support Please Sign so YHRC is able to verify your child support payment history with the appropriate agency
I give my consent for YHRC to verify my Child Support Payment History Signature _____

If this change is due to employment, complete the following:

Employer: _____ Supervisors name: _____

Employer address: _____ Employer phone: _____

C. TERMINATION OF INCOME:

Name of family member with change: _____ Type of income that terminated (wage, child support, SS, SSI, etc.) _____

If termination is due to loss of employment, complete the following:

Employer: _____ Employer address: _____

Employer phone: _____ Last date of employment: _____

D. CHANGE OF FAMILY MEMBERS:

Family members who have moved **in** or **out** of the household:

Legal Name, Relation, Age, Sex, Birthdate, and Birthplace

1. _____ SS# _____

2. _____ SS# _____

3. _____ SS# _____

Date moved in: _____ Date moved out: _____

E. CHANGE OF CHILDCARE COSTS:

I have the following childcare costs: _____

Name of childcare provider: _____

Address of childcare provider: _____ Phone: _____

Amount of childcare cost: _____ How often paid: _____

Name of children childcare is provided for: _____

Amount of childcare reimbursement, if any: _____

If you no longer pay childcare costs. Date last paid for childcare: _____

(Supply the appropriate documents for the change(s)) Signatures constitute consent for Yankton Housing & Redevelopment Commission to contact any agencies, organizations, offices, or individuals necessary to verify any information needed for my/our participation in the housing assistance programs.

COMMENT SECTION (For office use only):

Employee Initials _____ Date Received _____

S: Forms/Tenant Change

9/2021

Page 2