



Adams County Housing Authority
 40 E. High Street, Gettysburg, PA 17325
 Phone (717) 334-2911 Fax (717) 334-8326
 TDD/TTY Relay Service: 1-800-654-5984
 www.adamscha.org

 Head of Household (printed name)

 Member Name (printed)

 Signature (or person reporting)

 Date

Caseworker (please circle): Sue Pitzer Shelbe Oswalt Alesia Lake

WHAT ARE YOU REPORTING?

Check all that apply

1. INCOME CHANGE

_____ decrease
 _____ increase

provide 1-2 months of current, consecutive pay stubs supporting your decrease/increase.

_____ end of employment

Date employment stopped: _____

2. CHILD SUPPORT CHANGE

_____ decrease
 _____ increase

provide 1 of the following:

- a. minimum 6 mo. history from DRO
- b. Login & password for DRO or EPPI CARD

3. EMPLOYMENT CHANGE

_____ new job-name of employer _____

_____ previous employer _____

****If you are hired through a temp. or employment agency, provide the name of the agency.****

4. CHANGE OF HOUSEHOLD COMPOSITION

_____ remove household member (name) _____

If over 18, provide proof of household member's new address.

_____ request to add household member (name) _____

Adding a household member requires prior approval from your landlord and Housing. This request is only to start the process.

5. OTHER



This institution is an equal opportunity provider and employer.

