

Boone County Assisted Housing  
PO Box 536  
Burlington, KY 41005

Phone: (859) 334-2105  
FAX: (859) 334-3127  
TDD: (859) 334-2299  
bchousing@boonecountyky.org

Use this form to report all changes. BCAHD will not accept changes by phone. This form may be hand delivered, mailed or sent via FAX. BCAHD encourages hand delivery or FAX as we cannot be responsible for mail delivery. You are responsible to follow up regarding all changes reported to BCAHD.

**\*\*You must provide documentation of any change reported below (check stubs, employment statements, termination statements, Social Security award letters, etc.)\*\***

PLEASE PRINT CLEARLY      Check current Status: Applicant/Voucher \_\_\_\_\_ Participant \_\_\_\_\_

HEAD OF HOUSEHOLD NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**INCOME/EXPENSE CHANGES (PLEASE FILL OUT ALL THAT APPLY)**

EMPLOYMENT:

Family member with employment change: \_\_\_\_\_

Current/New Employer: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ per hour      Hours per Week: \_\_\_\_\_      Increase \_\_\_\_\_      Decrease \_\_\_\_\_

Effective date of change: \_\_\_\_\_

Previous employer: \_\_\_\_\_ Last day worked \_\_\_\_\_

SOCIAL SECURITY AMOUNT (\$):

Was \$ \_\_\_\_\_      Now \$ \_\_\_\_\_      Date of Change: \_\_\_\_\_

Family member with Social Security change: \_\_\_\_\_

CHILD SUPPORT:

Receiving: \$ \_\_\_\_\_      Frequency: \_\_\_\_\_      Date Began: \_\_\_\_\_

Not Receiving: Date of last payment: \_\_\_\_\_ Reason payment stopped, if known: \_\_\_\_\_

KTAP/TRANSPORTATION:

Amount Receiving: \$ \_\_\_\_\_      Frequency: \_\_\_\_\_      Date Began: \_\_\_\_\_

Not Receiving: Date of last payment: \_\_\_\_\_

CHILD CARE/DAY CARE:

Provider Name and Address \_\_\_\_\_

Co Pay: \_\_\_\_\_      Effective Date: \_\_\_\_\_      Increase: \_\_\_\_\_      Decrease: \_\_\_\_\_

OVER

**HOUSEHOLD CHANGE (PLEASE FILL OUT ALL THAT APPLY)**

Removing Household Member:

Name: \_\_\_\_\_ Date to be removed: \_\_\_\_\_

Reason to remove: \_\_\_\_\_

New Address: \_\_\_\_\_

Adding:

Name: \_\_\_\_\_ Date to be added: \_\_\_\_\_

Income Source for new household member: \_\_\_\_\_

**OTHER CHANGES:**

Please include any other changes that may apply (i.e. medical expenses, unemployment, pensions and/or asset changes)

\_\_\_\_\_  
\_\_\_\_\_

**Additional Information/Comments:**

Please provide any additional information, comments or accommodations requested: (interpreter for language or hearing impaired, best times available for appointments, etc.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**I understand that a rent adjustment may be processed based on the documents and information provided.**

**FOR STAFF USE ONLY**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Present TTP: \_\_\_\_\_

TTP at 25%: \_\_\_\_\_

New TTP: \_\_\_\_\_

TTP at \$20 decrease \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

Appointment Date and Time: \_\_\_\_\_

“No Change” Letter sent: \_\_\_\_\_

Staff Notes: \_\_\_\_\_  
\_\_\_\_\_