



Community Development Commission of Mendocino County  
1076 N. State St., Ukiah, CA 95482

707/463-5462  
Fax: 707/463-4188  
TDD: CA Relay 711

## REPORT OF CHANGE OF INCOME OR FAMILY COMPOSITION

Head of Household: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\*THE HEAD OF HOUSEHOLD, SPOUSE OR CO-HEAD MUST SIGN THE BACK OF THIS FORM

### **STEP ONE: CHANGE BEING REPORTED:** (Check ALL applicable boxes)

- COVID 19 related (check the box if applicable)
- Increase in Household Income. Name of household member who's income increased:  
\_\_\_\_\_ (Check box and complete STEP 2 below)
- Decrease in household income. Name of household member who's income decreased:  
\_\_\_\_\_ (Check box and complete STEP 2 below)
- Add a Household Member. (Check box and complete STEP 3 on the next page)
- Remove a Household Member. (Check box and complete STEP 3 on the next page)
- Other: Clearly summarize changes in space provided below.

SUMMARY OF CHANGES – Briefly explain what changes have occurred:

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### **STEP TWO: INCOME CHANGES:** (check all that apply)

- New Income Source
- Rate of pay/number of hours have increased or decreased (circle increase or decrease)
- Income loss (including loss of employment or the decrease of benefits.)
- New employment



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Other: \_\_\_\_\_

List below all changes of income for ALL members of the household regardless of age. This includes income changes for current household members or for a new member you are requesting to add to the household.

Name of Family Member who's income has changed	Source of Income Change or Employers Name	Amount of change	Start Date of Income (if new income source)	End Date of Income (if reporting income loss/end)

If employment income has changed please include your new employers or old employers contact information;

Employers Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**STEP THREE: CHANGE IN FAMILY COMPOSITION**

*If you are adding more than two household members, then you may add them on a separate sheet of paper and attach to this form.*

Name of Family Member to be Added or Removed	Date of Birth	Sex	Ethnicity	Relation to Head of Household
Name: _____	/ /	F M	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Foster Child <input type="checkbox"/> Minor <input type="checkbox"/> Live in Aide <input type="checkbox"/> Other
Name: _____	/ /	F M	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Foster Child <input type="checkbox"/> Minor <input type="checkbox"/> Live in Aide <input type="checkbox"/> Other



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**IMPORTANT:** If you are adding a household member, CDC will send you an admission application. Once you receive this packet please complete it and provide all documents requested. The CDC will need to conduct a background screening for criminal activity prior to authorizing approval of anyone 18 years of age or older.

If adding a family member, families must request CDC's approval to add a new family member **prior to** the individual moving into the unit. The CDC will notify the family in writing when there is a determination to deny or approve the addition of any household member(s).

*Exception: The addition of a family member as a result of birth, adoption, or court-awarded custody does not require CDC's approval; however, the family is required to promptly notify CDC of the addition.*

COMMENTS: \_\_\_\_\_

### CERTIFICATION

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Warning: Section 1001 of Title 18 of the U.S. Code **makes it a criminal offense to make willful false statements or misrepresentation** to any Department or Agency of the U.S. as to any matter within its jurisdiction.

\_\_\_\_\_  
Signature of Head of Household/Spouse or Co-Head

\_\_\_\_\_  
Date