

# Reduction in Family Size Interim Report Form

Please complete the questions below.

1. Name of family member who moved: \_\_\_\_\_

2. What date did this person move? \_\_\_\_\_

3. List the complete address/phone for where they are living \_\_\_\_\_  
\_\_\_\_\_

4. Will they be gone (circle one) temporarily permanently

If temporarily absent, when will they return to your household? \_\_\_\_\_

5. List below the persons remaining in your household

_____	_____
_____	_____
_____	_____

6. Please check **ALL** sources of income you or anyone in your household has received in the **past 12 months**.

- Employment     Self Employment(including babysitting)     Tips or Bonuses  
 Worker's Comp     Child Support     OWF/ADC     Caregiver Income  
 Money/Gifts received regularly     Disability/Sick benefits     Veteran's Benefits  
 Social Security/SSI/SSD     Black Lung Benefits     Estate/Trust Fund  
 Unemployment Compensation     Adoption Assistance     Retirement  
 Military Pay     Inheritance Money     Alimony     Income from Rental Property  
 Any Other Income

If marked **any** of above please list source and amount received

_____
_____
_____

7. Is the family member who moved, a parent of a child living in your household?

( ) Yes    ( ) No

I certify that the information contained herein is true and correct.

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Warning: Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

**ALL WEAPONS, INCLUDING HANDGUNS OR OTHER FIREARMS, CONCEALED OR NOT, ARE PROHIBITED ON FAIRFIELD METROPOLITAN HOUSING AUTHORITY PREMISES, INCLUDING ALL PARKING AREAS.**