



Change in Household Composition

(Please return completed to office within 10 business days)

Address of Unit: _____

Household Member(s) Moving Out

Vacating Household Member #1

Last Name: _____ First Name: _____

Move Out Date: _____ Signature: _____

Vacating Household Member #2

Last Name: _____ First Name: _____

Move Out Date: _____ Signature: _____

Total Gross Monthly Household Income of Remaining Household Member(s)

| Source | Household Member #1 | Household Member #2 | Household Member #3 |
|---------------|---------------------|---------------------|---------------------|
| Employment | | | |
| Ontario Works | | | |
| ODSP | | | |
| EI | | | |
| CPP | | | |
| OAS | | | |
| Gains | | | |
| Support | | | |
| Other Income | | | |

Person to Contact In Case of Emergency

| | | |
|-------|--------------|--------------|
| Name | Phone Number | Relationship |
| _____ | _____ | _____ |

Signature of Remaining Household Members

| | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

| Property Manager Signature | Date |
|----------------------------|-------|
| _____ | _____ |