



NOTICE TO ALL SECTION 8 PARTICIPANTS REGARDING CHANGES IN INCOME AND HOUSEHOLD COMPOSITION

Participant's Name (Please print):				
Address:Street	City	State	Zip Code	
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Effective July 2025, Macon Housing income and family composition.	g Authority has changed	the Administrativ	e Plan regarding th	ne reporting of
Program participants must report all between annual reexaminations. Th due to birth, adoption and court-awa family must obtain MHA approval pr	is includes new or increar orded custody within 10 b	ases in income as ousiness days of	well as additions the occurrence. The	
Any changes in income MUST be ravailable on the Macon Housing Aut			occurrence. Verifica	tion forms are
Increases in income will be made e in income.	ffective the first of the m	onth following 30) calendar days fron	n the increase
Decreases in income will be made e reported AND necessary verification		the month followi	ng the month that th	ne decrease is
Any changes in family composition Forms required for this are available		person from your	household, MUST b	e made.
I understand that I must report as stunit) and income (if unsure of what the could jeopardize my Housing Choice	o report, report everythin			
Section 8 Participant Signature		Date		
Section 8 Recertification Specia	alist	Date		