

SECTION 8 CHANGE REPORT

Please COMPLETE all areas

Staff: _____

Name of Head of Household: _____

SS Number of Head of Household: _____

Phone Numbers: Home: _____ Work: _____ Message: _____

IF YOU ARE REQUESTING A RENT CHANGE YOU MUST SUPPLY VERIFICATION FOR THOSE CHANGES BEFORE RENT CHANGE CAN BE EFFECTIVE

What has changed in your household? (please explain) _____

HOUSEHOLD INCOME:

CHECK YES or NO: ✓

Has your household income changed? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Please list <u>ALL</u> Income (money that you are and will be receiving) of <u>ALL</u> Household members below		
Name of person who receives money	Amount per month?	Source of Income (where does money come from?) Employer name and complete mailing address, SSI, Unemployment, etc.
	\$	
	\$	
	\$	
	\$	

PLEASE COMPLETE AND SIGN ON THE OTHER SIDE



HOUSEHOLD COMPOSITION:

CHECK YES or NO: ✓

Are you requesting to add someone to your household? If yes, Who? _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	When? _____
Has someone left your household? If yes, Who? _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	When? _____

CHILDCARE EXPENSES: (expenses that you pay out of your own pocket that are **not** reimbursed by any other source)

CHECK YES or NO: ✓

Have you had any changes in CHILDCARE EXPENSES ? If yes, What? _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	When? _____
Name of childcare provider	Address	Phone	
Medical Expenses are re-evaluated at your Annual Recertification			

REMINDER: You must report all changes in writing within **10** days
(see Family Obligations for further explanation)

Participant Certification:

Important: Please Read Carefully

As Head or Co-Head of this Household I certify that all information reported to the Housing Authority is COMPLETE, TRUE, AND CORRECT for ALL members of this household. I also certify that any member of the household, who previously has signed a form stating that they have **no income**, still has **NO INCOME** unless listed on the reverse side under Household Income. I also understand that by signing for the household, I will be held responsible for the accuracy and completeness of all information given to the Housing Authority by all adult household members:

Signature

_____/_____/_____
Date