

## Change of Information – Section 8 Voucher Program

*Changes need to be reported within 10 business days from date of change. For an Income decrease, this form needs to be returned by the 10<sup>th</sup> of the month in order for our office to attempt to process the change for the following month.*

Head of Household Name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Phone/Message Number: \_\_\_\_\_

**\*\*Do you anticipate that this change will INCREASE or DECREASE your portion of the rent? (MUST circle one)\*\***

### **What has changed?**

**Circle each item that has changed and then fill out the information requested that pertains to each item that you have circled below:**

**Turning in Requested Information/Documents**

**Request to Add Person(s) to Household**

**Removing Person(s) from Household**

**Medical Expenses**

**Social Security/SSI**

**Any other Change**

**Child Support**

**Other Income**

**Employment**

**Child Care**

**FIP**

**Please provide the following information for each item that you have circled above AS WELL AS UPDATED ATTACHMENTS OF YOUR INFORMATION TO VERIFY ALL YOUR INCOME SOURCES.**

**Employment** – You must provide last 2-4 check stubs if employed or letter from employer of ending employment with this document.

Household Member's Name that Change is for: \_\_\_\_\_

Current/ New Employment (circle one): \_\_\_\_\_

Address/ Location: \_\_\_\_\_

Date Started: \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Average Number of Hours per week: \_\_\_\_\_

**If No Longer Employed-**

Household Member's Name that Change is for: \_\_\_\_\_

Previous employer: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Will you be applying for unemployment Benefits? Yes \_\_\_ No \_\_\_

Will you be applying for FIP? Yes \_\_\_ No \_\_\_

**FIP-** You must provide copy of DHS decision letter

Old FIP amount: \$ \_\_\_\_\_ New FIP amount: \$ \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_ Most recent DHS worker: \_\_\_\_\_

Reason for change in FIP amount? \_\_\_\_\_

**Social Security/SSI- YOU MUST** provide most recent decision letter from Social Security that reports this change or **call 1-800-772-1213** to request a benefit verification letter to provide for our office.

Old Monthly Amount: \$ \_\_\_\_\_ New Monthly Amount: \$ \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_ Reason for Change: \_\_\_\_\_

**Child Support- YOU MUST** provide the child support printout for each case with case number on document.

Old Monthly Amount \$ \_\_\_\_\_ New Monthly Amount \$ \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_ Reason for Change: \_\_\_\_\_

If note paid through Clerk of Court or Child Support Recovery how is it paid? \_\_\_\_\_

**Other Income -**

Source of Income: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

**Child Care** – If Working or Full Time Student

Monthly Amount Paid for Childcare, not by block grant or 3<sup>rd</sup> party. \$ \_\_\_\_\_

Childcare Provider: \_\_\_\_\_

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

**Medical Expenses** – Elderly and Disabled Households only.

What has changed? \_\_\_\_\_

**Request to Add Person to Household – *Must be related by blood, marriage or adoption. Minor children you must also have primary custody in order to add.***

**\*NEWBORNS ONLY\***

At a minimum include with this change form: Hospital issued birth announcement that confirms date of birth and parent(s), provide copies of state issued Birth Certificate and Social Security card to our local office as soon as you receive them.

**\*FOR ALL OTHERS\***

YOU MUST INCLUDE WITH THIS CHANGE FORM: Social Security card(s), Birth Certificate(s) and proof of relationship such as marriage license or legal documents to show how the person(s) you're requesting to add are related.

Name of Person to be added: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_

**Removing Name from Household- *Requires 2 verifications of new address or legal documentation to remove name from household.***

Name of Person being removed: \_\_\_\_\_

Reason being removed: \_\_\_\_\_

**Any other Change of Information- Please Explain**

\_\_\_\_\_  
\_\_\_\_\_

I/We certify that the statements on this form are true to the best of my/our knowledge and belief and understand that they will be verified. I/We authorized the release of information to the Housing Authority by my/our employer(s), and/or other business or government agencies. I/We authorize the Housing Authority to run criminal background check. I/We understand that any false statement made on this form will cause me/us to be terminated from the Section 8 Program. **WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Spouse or Other Adult**

\_\_\_\_\_  
**Date**