Fayetteville Housing Authority

1 N. School Ave., Fayetteville, AR 72701-5928
479.521.3850 | FAX: 479.442.6771 | TDDY: 1.800.285.1121
www.fayettevilleha.org

FHA Participant Change Form

I/We certify that the information contained here is correct and complete to the best of my/our knowledge. I hereby authorize the Fayetteville Housing Authority (FHA) to obtain any and all information necessary to determine my eligibility under the Housing Choice Voucher Program. I understand that such information will be kept confidential and will be used only for program purposes.

Printed Name of Head of Household	Phone Number
Signature	Date
Additional Adult Signatures	Relationship to Head of Household
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***WARNING**: Section 1001 of Title 18 of the W.S. Code makes it a **CRIMINAL OFFENSE** to make willfully false statements of misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

Privacy Act Notice

Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the Fair Housing Act (42 U S C 3601-19). The Housing and Community Development Act of 1987 (42 UAC 3543) requires applicants and participants to submit the Social Security Number for each household member who is six (6) years old or older.

Purpose: To allow HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities by collecting your income and any other necessary information.

Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. The information may be released to the appropriate Federal, State, and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Penalty: You must provide all the information requested by the FHA, including all Social Security Numbers you, and all other household members aged six (6) years or older have or use. Giving the Social Security Numbers of all household members six (6) years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Income Changes (complete all that apply)

Family member name: _____

Employment started: _____ Employment ended: _____

Employer's contact info: _____

Income increase: $ _____ ☐ Monthly ☐ Bi-weekly ☐ Weekly

Amount per hour: $ _____ Hours per week: _____

Income decrease: $ _____ ☐ Monthly ☐ Bi-weekly ☐ Weekly

Amount per hour: $ _____ Hours per week: _____

Date effective: _____ (check one) ☐ Employer ☐ Child Support

☐ Other _____

Family Member Change

New family member: _____ Effective date: _____

Family member moving out: _____ Effective date: _____

*If adding a new adult family member, you must provide us with a photo ID, Social Security Card, Birth Certificate, HUD 9886 form, open verification form, Declaration of Citizenship, Marriage License (if applicable), and letter of permission from owner/agent.

*If removing a family member, you must have documentation showing the person lives elsewhere: signed lease, utility/other bills, pay stubs, court papers, or statements from other government/social service agencies.

Other Changes (to include childcare, medical deductions, or disability expense changes)

Description of Change: _____

_____

Effective date: _____

Participant Returning Voucher:

On this date, _____, I have determined that I no longer require a Housing Assistance Payment from FHA paid on my behalf for (address) _____.

FHA will notify me and the property manager of the effective date that the HAP will be terminated. I understand that I will be responsible for the full amount of the rent as of the effective date noted in the notice.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please call 479-521-3850 or email progams@fayettevilleha.org