Phone 931.647.2303
Fax 931.647.3785

REPORT OF CHANGE

Clarksville Housing Authority
721 Richardson Street
P. O. Box 603
Clarksville, TN 37041

Important: Income and household changes must be reported within 10 days of the change. If you report changes late or not at all, you could owe CHA money or risk losing your housing assistance.

The following information is subject to verification and documentation. **The change will not be processed until all information is received and approved.**

Name_____ Date _____

Social Security # _____ Address_____

Phone #_____ Contact # _____

INCOME

Change in Income: Increase ☐ Decrease ☐ N/A ☐ Date of Change:
Started working: Where (Employer's Name, Address, Phone #, Fax #) **Date started:**
Stop working: Where (Employer's Name, Address, Phone #, Fax #) **Date stopped:**
Other income: Source When did it start/stop:

Increases – **Provide Name and Address** of **Employer - Verification from employment**– 4 Check Stubs
SSA/SSI - Award letter **Child Support** – Case Number/ID Number **Unemployment** –Letter or Print-out

Decreases - NO RENT DEDUCTION will be made until verification is provided (separation, termination, lay-off slip, etc.)

Current Income: What income will be in household after the change? Please list type and amount:
All income subject to verification

☐ Employment $_____
☐ Social Security/SSI $ _____
☐ Income Pensions and Annuities $_____
☐ Child Support $ _____
☐ Food Stamps _____
☐ Self-Employed_____
☐ DHS/Families First/AFDC $ _____
☐ Employment Security (unemployment) $_____
☐ Workman's Comp $_____
☐ Student Status $ _____
☐ Zero (must fill out zero income statement)
☐ Other $ _____

Zero Income Only Compete This Section If You have Zero Income
DO NOT LEAVE BLANK

Type of Cost	$ Monthly Expenses	Who pays for these expenses List name of Friend or Relative or Organization NOT YOURSELF
Food		
Rent		
Electricity		
Cell Phone		
House Phone		
Cable		
Cleaning, Grooming, & Paper Products		
Transportation		
Entertainment		
Clothing		
Smoking		
Loans		
Misc.		
Total Family Support		

CHA STAFF _____ DATE STAMP _____
Revised 4/2018

CHANGES IN HOUSEHOLD MEMBERS: Fill out this section if you have household changes to report.

Name _____ **☐ Add *☐ Remove ☐ N/A

When did change occur? _____Reason for Change_____

Forwarding Address of Removed Person: _____
*Persons 18 years or older must come into the office to take their name off the lease

**Newborn – Social Security Cards – Birth Certificates – Declaration of Citizenship
**18 yrs and older – Police Background Checks and CHA approval

CHANGES IN CHILDCARE:

☐ Increase ☐ Decrease ☐ I am no longer paying child care. ☐ N/A

Old Amount: $_____ Date of Change _____

New Amount $ _____ Date of Change _____

Providers Name and Address: _____

_____Phone_____
Receipts must be furnished

MEDICAL EXPENSES CHANGES: Only applies if HOH or Spouse is at least 62 years of age or disabled. ☐ N/A

☐ Medical Insurance Premiums ☐ Long Term Care Insurance ☐ Out of Pocket Prescription Expenses

☐ Past Due Medical Bills ☐ Other Anticipated Medical Bills

1. If any member of the house hold is disabled or handicapped, please list: _____
2. Does any disabled or handicapped person in household need a caretaker, live in aide, or special equipment.
☐ Yes ☐No
   a. If yes, who and what special needs or equipment is needed? _____

3. If the head or spouse is elderly or disabled, has there been a change in medical expense? ☐ Yes ☐ No
   a. If yes, enter the name of the family member who has had the change in medical expenses:

4. If a family member is disabled, has there been a change in disability assistance expenses? ☐ Yes ☐No
   a. If yes, enter the name of the family member who had the change in disability assistance expenses;_____
   _____

5. If the family has added a new member or members are they disabled? ☐ Yes ☐ No If yes, enter the name of the family Member (s):_____

Certification of Accuracy

I hereby, swear and attest that all of the above information is true and complete. I understand that providing false information or failing to provide information necessary to determining my rental subsidy is grounds for termination or denial of assistance and/or could lead to a debt with the Clarksville Housing Authority.
I also understand that I must request, in writing, approval from the Clarksville Housing Authority before any new members may be added to the household.

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Tennessee Code Annotated
Title 39 Criminal Offenses

39 - 14 - 104. Theft of services [Effective November 1, 1989]
A person commits theft of services who:
(1) Intentionally obtains services by deception. Fraud, coercion, false pretense or any other means to avoid payment for services:
(2) Having control over the disposition of services to others knowingly diverts those services to the person's own benefit or to the benefit of another not entitled thereto: or
(3) Knowingly absconds from establishments where compensation for services is ordinarily paid immediately upon the rendering of them, including, but not limited to, hotels, motels, and restaurants, without payment or a bona fide offer to pay. [Acts 1989, ch. 591, Section 1.]

I/We certify that the information given to The Clarksville Housing Authority, on family composition, and characteristics, drug and criminal activity, income, assets, and expenses is accurate and complete. I/We understand that false statements or information are punishable under Federal law, Section 1001 of Title 18 of the U.S. Federal Code. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll –Free Hot line at 800-424-8590. (Within the Washington, DC Metropolitan Area, call 426-3500.)

After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

I HAVE READ AND UNDERSTAND THIS REPORT OF CHANGE.

_____ _____
Signature of Head **Date** **Signature of Co-Head** **Date**

_____ _____
Signature of Other Adult **Date** **CHA Representative** **Date**

The Clarksville Housing Authority

P.O Box 603 Clarksville, TN 37041-0603
Phone 931-647-2303 Fax:931-647-3785

Household Member:_____

EMPLOYER INFORMATION

Name of Employer:_____

Address of Employer:_____

_____

Phone Number of Employer:_____

Fax Number of Employer:_____

Contact Name:_____

CHILD SUPPORT INFORMATION

Tennessee Child Support Case #:_____

If there is a case through the child support division, please provide the case number. If you do not know it, call the child support office to get this information. It is required.