

Submit this form within 10 business days of ANY household change. Include all documentation needed to process the change requested. Failure to comply is a violation of program guidelines and may result in the termination of your housing assistance.

PLEASE NOTE:

1. **Do not notify HRHA of changes by phone.** You are required to provide written notification using this change form.
2. **Until you receive written notice from HRHA,** you are responsible to pay your portion of the rent. You must continue to pay your portion of rent until you receive written notification of the decision made on your request.
3. If HRHA overpays rent due to your failure to report changes on time, you will be required to reimburse HRHA.
4. Changes received after the 15th of the month **cannot be processed for the following month.**

HOUSEHOLD INFORMATION:

Head of Household Name:	Last 4 SSN:
Address:	Phone #:
Will your household be at zero income after this change? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete <u>Zero Income Certification</u>	

PLEASE PROVIDE INFORMATION FOR THE CHANGE ACTION THAT YOU ARE REQUESTING BELOW:
☐ **ADD THE FOLLOWING PERSON(S) TO MY HOUSEHOLD:**

NAME	RELATIONSHIP	GENDER	SSN	BIRTH DATE	PLACE OF BIRTH	RACE	HISPANIC (Y/N)	DATE OF ADDITION

Submit the following documentation for **ALL ADDITIONS**:

- | | |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> <u>Citizenship Declaration</u> |
| <input type="checkbox"/> Social security card (or letter from SSA confirming the member's SSN) | <input type="checkbox"/> Eligible immigrant status documentation, if applicable |
| <input type="checkbox"/> Adoption papers and/or court-awarded custody, if applicable | <input type="checkbox"/> Documentation of any income related to the household member |

Submit all items listed above, plus government issued phot ID for **ALL Adults (age 18 and above)**:

CALL OUR OFFICE TO SCHEDULE A Briefing Appointment where you will sign authorizations. **Your request will NOT be processed** without signature.

Once all required information is received, HRHA will determine whether the person can be added to the household and will notify you whether they are approved or denied. For adults, this includes a criminal background check that can several weeks to process. **HRHA must receive unit owner approval of the addition BEFORE the person(s) can move into the unit.**

☐ **TRANSFER MY VOUCHER TO THE FOLLOWING MEMBER OF MY HOUSEHOLD:**

NAME	RELATIONSHIP	GENDER	SSN	BIRTH DATE	PLACE OF BIRTH	RACE	HISPANIC (Y/N)	DATE OF ADDITION

Please tell us the reason for voucher transfer:

☐ **REMOVE THE FOLLOWING MEMBER(S) FROM MY HOUSEHOLD:** Submit proof of new address (i.e., utility bill, lease, etc.).

NAMES OF PERSON(S) TO REMOVE	Last 4 SSN	AGE	EFFECTIVE DATE	REASON/ POTENTIAL TO RETURN

REPORT CHANGE IN INCOME BELOW BY SELECTING THE APPROPRIATE CATEGORY:

CHANGE IN NON-WAGE INCOME

TYPE	START/ STOP/ INCREASE/ DECREASE	EFFECTIVE DATE	NEW AMOUNT	FREQUENCY
<input type="checkbox"/> CHILD SUPPORT SUBMIT: Statement letter/ printout and/ or court documents				
<input type="checkbox"/> TANF SUBMIT: STATEMENT LETTER/PRINTOUT				
<input type="checkbox"/> SSI/SOCIAL SECURITY SUBMIT: STATEMENT LETTER/PRINTOUT				
<input type="checkbox"/> UNEMPLOYMENT INCOME SUBMIT: STATEMENT LETTER/PRINTOUT				
<input type="checkbox"/> FAMILY CONTRIBUTION SUBMIT: SIGNED STATEMENT FROM PROVIDER - MUST LIST THEIR ADDRESS/PHONE				
<input type="checkbox"/> OTHER SUBMIT: PRINTOUT OR OTHER APPLICABLE VERIFICATION				

CHANGE IN EMPLOYMENT

ATTACH EMPLOYMENT VERIFICATION FORM FOR EACH NEW, TERMINATED AND/OR JOB CHANGE. ATTACH PAYSTUBS WHEN POSSIBLE.

NAME OF HOUSEHOLD MEMBER: _____

☐ NEW JOB ☐ QUIT/LOST JOB ☐ CHANGE IN HOURS ☐ CHANGE IN PAY ☐ TEMPORARY LEAVE*

EMPLOYER NAME:	CONTACT NAME:
EMPLOYER ADDRESS:	PHONE #:
*DO YOU EXPECT TO RECEIVE UNEMPLOYMENT BENEFITS <input type="checkbox"/> YES <input type="checkbox"/> NO	EFFECTIVE DATE:

REPORT CHANGES IN CHILDCARE BY SELECTING THE APPROPRIATE ACTION:

<input type="checkbox"/> ADD CARE <input type="checkbox"/> REMOVE CARE <input type="checkbox"/> CHANGE IN COST <input type="checkbox"/> CHANGE PROVIDER (YOU MUST PROVIDE A VERIFICATION FORM)	
PROVIDER NAME:	CONTACT NAME:
PROVIDER ADDRESS:	PHONE #:
NAMES AND AGES OF CHILDREN IN CARE:	RECEIVE POC/WORK-CARE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	AMOUNT PAID/ FREQUENCY: \$ _____ PER: _____

REPORT CHANGES IN STUDENT STATUS BY SELECTING THE APPROPRIATE ACTION:

☐ ENROLLED FULL TIME ☐ NO LONGER ENROLLED FULL TIME (ATTACH A LETTER OR PRINTOUT FROM THE SCHOOL)

I CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Name of head of household

Signature

Date

WARNING: Title 18, Section 1001 of U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States Government.

FOR OFFICE USE ONLY:

<input type="checkbox"/> EMPLOYMENT VERIFICATION	
<input type="checkbox"/> CHILDCARE VERIFICATION	
<input type="checkbox"/> NEW MEMBER REQUEST	TYPE OF CHANGE REPORTED:
<input type="checkbox"/> CITIZENSHIP DECLARATION	
<input type="checkbox"/> ZERO INCOME CERTIFICATION	
<input type="checkbox"/> PAY STUBS	ALL REQUIRED DOCUMENTATION INCLUDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> BIRTH CERTIFICATION	NOTES:
<input type="checkbox"/> SS CARD(s)	
OTHER	
OTHER	REVIEWED BY:

