



**GHA USE ONLY**

Client ID # \_\_\_\_\_  
 Change Effective Date: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 Date Received: \_\_\_\_\_

**Change Request Form**  
**PLEASE PRINT**

Please complete the entire form. Please put N/A (not applicable) where it does not apply.

Name: \_\_\_\_\_ SS# \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Work/Cell# \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Dear Participant:**

All changes to your housing assistance forms must be in writing. The following information is needed **ONLY** if there has been a change in your mailing address, family composition, income, current housing situation, etc. Policy requires all housing choice voucher participants to report all changes in income and family size to the Housing Authority within ten (10) days of the date the change occurred.

Failure to do so could result in being terminated from the program. If the information is not reported in a timely manner and an overpayment occurs, you will be required to reimburse the Housing Authority.

**Income Increase** \_\_\_\_\_ **Remove member(s)** \_\_\_\_\_  
**Income Decrease** \_\_\_\_\_ **Add member(s)** \_\_\_\_\_

**Mailing Address Change-new address is:**

\_\_\_\_\_

Address City State Zip

**ONLY USE THIS SECTION WHEN-Adding or removing household members**

Last Name, First Name	Relationship	SS#	D.O.B	Add/Remove

If you are removing a family member from the household, please explain why. \_\_\_\_\_

- Required documents when adding someone to the household assistance; birth certificates, social security cards, or court appointed adoption/foster forms when adding children.



- Adding adult members to the household is subject to the Housing Authority approval and occupancy requirements. (Contact your assigned Coordinator for additional information)

**Change of Employment**

Employer Stopped: \_\_\_\_\_ Effective: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

New Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Hire date: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

**Other Changes of Income:** (Including but not limited to TANF, Social Security, Unemployment, Child Support, Cash Contributions, etc. decreased pay rate or hours, increase in pay rate or hours)

Type of income: \_\_\_\_\_ Effective: \_\_\_\_\_

Amount: \_\_\_\_\_ Frequency of Pay (weekly, bi-weekly, monthly): \_\_\_\_\_

Hours Worked: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

**Are you reporting Zero Income?** (Circle One)

**Yes OR No** (You are required to attend monthly budget meeting until new income is reported)

**Change in Child Care**

Provider Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Amount Paid per Week: \_\_\_\_\_ No. of Children in program: \_\_\_\_\_

**WARNING:**

Section 1001 of Title XVIII of the United States Code makes it a criminal offense to make willful statements of misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

**CERTIFICATION:**

I/We certify that the above information is accurate and complete to the best of my/our knowledge and belief. I/We also understand that false statements or information are grounds for termination of housing assistance. I/We understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

