**CHANGE REPORTING FORM**

**Please print using an ink pen. Fill in for ALL household members. ALL BLANKS MUST BE FILLED IN OR MARKED “NOT APPLICABLE”. This form MUST be filled out COMPLETELY and PROOF OF YOUR CHANGE must be returned to your Specialist before any adjustment to your assistance can be made.**

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

Unit Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Message \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHANGE BEING REPORTED (Please check the applicable boxes):**

Increase in household income. If so, Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did he/she start working  Yes  No

Decrease in household income. If so, Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did he/she stop working  Yes  No

Removing a member from the household

I am requesting to add an additional member to my household \*\*

Other: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE INDICATE THE CHANGES THAT YOU ARE REPORTING (please be** **specific** and list all changes in Household composition, income, assets, and/or expenses. ATTACH PROOF OF WHATEVER HAS CHANGED.

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

\*\* I understand that an additional member ***may not*** be added to my lease and may not move into the subsidized unit until the request has been approved by the Housing Authority and Landlord.

\*\* Newborns require birth certificate and social security card.

**Household Composition:** **I am requesting to ADD or Remove the following Family Member(s):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Legal Name (As shown on Social Security Card) | Relation to Head of Household | Date of Birth | Request |
| 1 |  |  |  | ADD  REMOVE  Date Moved: |
| 2 |  |  |  | ADD  REMOVE  Date Moved: |
| 3 |  |  |  | ADD  REMOVE  Date Moved: |

Use an additional piece of paper if you need more room.

**Income Changes:** **List ALL changes of income for ALL members of the household regardless of age. This includes income changes(s) for current household members or for a new member you are requesting to add to the household.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name of Family Member | Source of Income | Amount | Frequency  Weekly/monthly/etc. | Start/End Date |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

Employer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You must submit current verification of the change (i.e. check stubs or a current letter from your employer, or a current printout of benefits received from the appropriate agency). All supporting documentation MUST be supplied verifying the change at the time the completed change of income form is turned into the Housing Authority. If the documentation is not supplied at the same time as the change of income form is turned in, the change will not be added effective until the 1st of the month following receipt of all supporting documentation. All verifications must be current. CURRENT means that they are no older than 30 days from the day you turn them into the Housing Authority.

Do you have any other income or does someone help you pay your bills, buy food, etc.?  YES  NO

If yes, explain AND PROVIDE PROOF. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Medical Expenses (Elderly or Disabled Families Only)**

Has there been an increase or decrease in medical expenses since your last re-exam?  YES  NO

If yes, how have they changed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROVIDE PROOF

**Childcare:**

Have your childcare costs changed?  YES  NO

If yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROVIDE PROOF.

**Household Information**: **Mark your responses to the following questions:**

**Have any household members ever:**

Been arrested for, charged with, or convicted of drug-related criminal activity?  YES  NO

Been arrested for, charged with, or convicted of violent criminal activity?  YES  NO

Been arrested for, charged with, or convicted of possession, manufacture, or distribution of a controlled substance?  YES  NO

Been arrested for, charged with, or convicted of ANY crime other than a minor traffic violation?  YES  NO

Used any name(s) or Social Security Numbers other than the one currently used?  YES  NO

**If the answer to any of the above is “YES”, please explain**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

   **Please check this box if you are a person with a disability and need help reading or filling out this form.  You have the right to ask the Housing Authority to make a reasonable accommodation of any sort to make RHA programs accessible for you.  To make such a request, please contact the Housing Authority at (530) 671-0220 or TTY (866) 735-2929 or 711.  This document is available in alternative formats.  Pattra Runge Section 504 Accessibility Coordinator-(530) 671-0220 x 125**

**Certification:** I do hereby swear and attest that all of the information above about me and my household is true and correct. I also understand that all changes in household members or income must be reported to the Housing Authority IN WRITING within 10 days. WARNING! TITLE 18, SECTION 1001, OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

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

Signature of Head of Household Date Other Adult Signature Date

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

Other Adult Signature Date Other Adult Signature Date

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

Other Adult Signature Date Other Adult Signature Date

**ALL ADULTS MUST SIGN THIS FORM**