



THA USE ONLY

Client ID # _____
 Change Effective Date: _____
 Received by: _____
 Date Received: _____

PH/Section 8 Update/Change Request Form

Type of change you are reporting: Family size Income Other (**Who?** Self ___ Other Adult ___ Child ___)

Check which program: Public Housing _____ Section 8 _____

NOTE: Please complete the entire form. **INCOMPLETE FORMS WILL NOT BE PROCESSED.** Please put N/A where it does not apply.

PLEASE PRINT: Head of household name: _____ SS# _____

Home Phone #: _____ Cell # _____ Work # _____ ext. _____

Current Address: _____ Apt no. _____ City/Zip _____

Email Address: _____

Dear **RESIDENT:**

All updates/changes to your file must be in writing. As an Affordable Housing resident or Section 8 participant, it is your responsibility, according to our Affordable Housing policies, to keep us updated **whenever a change occurs for anyone in the household** relating to family size, income, job status, contact information (phone or email), etc. Your file should always be current to assure you receive any eligible deductions or credits and so your rent amount is accurate. Failure to report changes within 10 days of the change will result in a lease violation and could affect your housing.

Please list all **current** household members first

Last Name, First Name	Relationship	SS#	D.O.B	Add/Remove
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

- If you are removing a family member from the household, **please explain why and include the date of removal.**

- You must provide **official** birth certificates, social security cards, and/or court appointed adoption/foster forms (when adding someone); include current government issued photo identification for all persons 18 and older.
- Per Housing Authority pre-screening requirements and policy guidelines, adding adult members to the household is subject to a **complete background check before the addition is approved and entered into our system.**

Employment update for who? ALL INFORMATION MUST BE PROVIDED – WE WILL NOT FIND IT FOR YOU.

1. TENANT'S NAME: _____ SSN: _____

NEW Employer: _____

Address: _____ Hire date: _____

Contact Person: _____ Phone # (_____) _____ Fax# (_____) _____

Former Employer: _____

Address: _____ Last day you worked here: _____

Contact Person: _____ Phone # (_____) _____ Fax# (_____) _____

REASON FOR LEAVING _____

2. TENANT'S NAME: _____ SSN: _____

NEW Employer: _____

Address: _____ Hire date: _____

Contact Person: _____ Phone # (_____) _____ Fax# (_____) _____

Former Employer: _____

Address: _____ Last day you worked here: _____

Contact Person: _____ Phone # (_____) _____ Fax# (_____) _____

REASON FOR LEAVING _____

Do you have Other Income Changes?

Type of change: TANF ___ SS ___ SSI ___ Unemployment ___ Child Support ___ Cash Contributions ___ OTHER (explain) _____

Person affected: First/Last NAME _____ Is this NEW income? Yes ___ No ___

Is this an INCREASE ___ DECREASE ___ Effective date: ___ / ___ / ___ New Amount _____

Received: per hour ___ per week ___ bi-weekly ___ per month ___ 2 times per month ___ Other (explain) _____

If reporting other income changes for more additional people, check here _____ and use the back of this form to provide the information. Make sure you include the same detail as above.

Are you reporting Zero Income? Yes ___ No ___

NOTE: If yes, you will be required to provide receipts and written proof of how utilities, food, clothing, etc. are being paid. Your unit will be inspected monthly and you must meet with the property manager monthly by appointment for a zero income interview until you report new income. Failure to adhere to these requirements could result in loss of your housing.

Are you reporting CHILD CARE CHANGES? Yes ___ No ___ Adding ___ Removing ___ Changed ___

Effective date of change: _____ No. of children: _____ Names of Children: _____

Name of Provider: _____

Address/City/ZIP: _____

Contact Person: _____ Phone # (____) _____ Fax # (____) _____

Other comments _____

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 given to the Taylor Housing Authority on household composition, income, etc. 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 or termination of tenancy. I/We understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. By my/our signatures below, we authorize verification of the information provided.

Signature

Date

Signature

Date

Signature

Date

