



THE FOLLOWING CHANGES ARE REQUIRED TO BE REPORTED :

- ❖ Any change in your household composition (adding or removing any member); or,
- ❖ If the household last reported zero income & now has an income source.

THE FOLLOWING CHANGES ARE NOT A REQUIREMENT BUT YOU MAY REPORT THEM:

- ❖ A decrease in income; or,
- ❖ You are enrolled in the Family Self Sufficiency Program & request that we process the increase.

TO REPORT A CHANGE, COMPLETE THE ATTACHED INTERIM FORM

- ATTACH PROOF OF THE CHANGE YOU ARE REPORTING (Changes cannot be made without first receiving documentation provided by you.)
- **YOU ARE RESPONSIBLE FOR YOUR PORTION OF THE RENT UNTIL THE INTERIM IS COMPLETED.**
- IF YOU CHANGE JOBS OR STOP WORKING, YOU MUST PROVIDE PROOF YOU ARE NO LONGER WORKING AT THE OLD JOB. (You may ask your employer for a letter written on company letterhead stating your last day of employment.)

Before allowing anyone to move in other than by birth, adoption or court awarded custody; they must *first* be approved by your technician and your landlord (this includes getting married). Failure to receive approval *in advance* could result in termination of assistance.

Failure to report the changes listed above under the heading “must be reported” in writing within 15 days may put your housing assistance at risk.



TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Worker-s Compensation, retirement benefits, TANF, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources.

Name of Household Member	Employer Name Address Phone #	Total Weekly Wages	TANF	Child Support Monthly	Social Security Benefits	Un Employment Benefits	All Other Income Name Address Phone #

Does anyone outside of your household pay any of your bills or expenses? Yes No If yes, please explain:

Do you pay for child care expenses? Yes or No _____ How much? _____ How often? _____
 Name of Child Care Provider: _____
 Address of Child Care Provider: _____
 Telephone Number: _____ Fax Number: _____

Elderly Medical or Disability Assistance Expenses:

Family Member	Expense description	Amount	Period	Annual Amt

The information above is true to the best of my knowledge and I am aware that any false statements will be grounds for termination from the program. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority in WRITING IMMEDIATELY.

Signature of Head of Household

Date

Warning: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.





AUTHORIZATION TO VERIFY INFORMATION

I authorize the Hampton Redevelopment and Housing Authority to request and obtain information for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. This will allow the authority to obtain consumer credit reports, police history reports, Virginia Employment Commission records, childcare records, school records, income information, and asset information to verify eligibility or continued eligibility for the Section 8 Housing Assistance Programs operated by the Hampton Redevelopment and Housing Authority.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify or you continue to qualify for the Section 8 Housing Assistance Programs or any other subsidized program operated by the Hampton Redevelopment and Housing Authority. This information will not be disclosed outside this agency except as required and permitted by law. You do not have to provide this information, but if you do not your assistance may be denied or terminated.

Applicant/Participant Print Name

Date

Applicant/Participant Sign Name

Social Security Number

Date of Birth



For Official Use Only: _____