



Section 8 Change Report

Housing Authority of Jackson County

2251 Table Rock Road

Medford, OR 97501

PH/TDD 541-779-5785 • Fax 541-857-1118 • www.hajc.net

CASE COORDINATOR:

DUE DATE:

Head of Household Name:	Social Security Number:	DOB:
Address:		
Mailing Address (if different):		
Primary Phone Number:	Email:	

WHAT TYPE OF CHANGE ARE YOU REPORTING?

- I am reporting an increase in household income
 I am reporting a decrease in household income
 I have a change in household composition
 Other:

CHANGE IN PAY OR NEW EMPLOYER	EMPLOYMENT ENDED
<i>Attach 2 most recent paystubs</i>	<i>Attach Confirmation from the employer of your last day worked</i>
Household member:	Household member:
Employer Name & Address:	Employer Name & Address:
Phone:	Phone:
Fax: (REQUIRED)	Fax: (REQUIRED)
Effective date of change:	Effective date of change:
Hourly pay rate:	Did you apply for unemployment? Yes / No
Hours per week:	Did you apply for TANF? Yes / No

CHANGE IN OTHER INCOME		
<i>Please attach award letter or other documented proof.</i>		
<input type="checkbox"/> Child Support	<input type="checkbox"/> Pension or Annuity	<input type="checkbox"/> Trust or retirement disbursement
<input type="checkbox"/> VA Benefits	<input type="checkbox"/> Gifts or Contributions	<input type="checkbox"/> DHS (TANF)
<input type="checkbox"/> Social Security or SSI	<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Other:
Household Member:	Start Date:	Monthly Amount :
Describe Change:		
Household Member:	Start Date:	Monthly Amount:
Describe Change:		

CHANGE IN CHILD CARE EXPENSEDate of change: _____ Your portion of the payment: \$ _____ Per Week Per Month

Provider name: _____ Provider phone: _____

Provider address: _____

CHANGE IN STUDENT STATUS (18+)*For GED/Diploma add proof of enrollment; for undergraduate/graduate studies, provide award letter & class schedule.*

Household member: _____ Start date: _____ Stop date: _____

Tuition cost \$ _____ Per Quarter SemesterFinancial Aid Award \$ _____ Per Quarter Semester**CHANGE IN HOUSEHOLD COMPOSITION** **ADD AN ADULT** To make this change to your household you must complete the **ADD A HOUSEHOLD MEMBER** form and submit with proper documentation **ADD A MINOR** To make this change you must sign a **DECLARATION OF CITIZENSHIP** form and attach a copy of their social security card or birth certificate

Name: _____			SS Number: _____	
DOB: _____	Place of Birth: _____	Sex: _____	Race* _____	Disabled? Y / N

Name: _____			SS Number: _____	
DOB: _____	Place of Birth: _____	Sex: _____	Race* _____	Disabled? Y / N

**ADULT MEMBERS BEING REMOVED MUST ATTACH A SIGNED STATEMENT THEY ARE REMOVING THEMSELVES FROM THE HOUSEHOLD*

<input type="checkbox"/> REMOVE AN ADULT*	Name(s): _____	Reason for moving: _____
		Move out date: _____

<input type="checkbox"/> REMOVE A MINOR	Name(s): _____	Reason for Moving: _____
		Move out date: _____

OTHER CHANGE

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Section 8 Change Report Authorization

Important: Housing Authority of Jackson County must receive written notice of your income and/or household condition changes within 10 business days of the change(s). Increase decrease must be received by the 15th of the month in order to adjust your rent for the following month. If this form is not completely filled out and/or supporting documentation is not attached, the review may be delayed. If you are reporting a decrease in income, but you do not attach supporting documentation verifying the decrease, we will not adjust your rent. If you report a change late (more than 10 business days after the change) or not at all, you could owe Housing Authority of Jackson County money and you may risk losing your housing subsidy.

I, (print head of household's name), _____ hereby authorize the Housing Authority of Jackson County to verify the information provided by me on this form. I understand if this form is not completely filled out and/or supporting documentation is not attached, the review may be cancelled or delayed. I understand that such verification may include contacting any appropriate employers, governmental agencies or individuals identified on this form.

_____ Head of Household (Print)	_____ Signature	_____ Date
_____ Co-Head, Spouse, Partner (Print)	_____ Signature	_____ Date
_____ Other Adult (Print)	_____ Signature	_____ Date
_____ Other Adult (Print)	_____ Signature	_____ Date
_____ Other Adult (Print)	_____ Signature	_____ Date