



CASE COORDINATOR:

DUE DATE:

### Section 8 Change Report

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:

<b>CHANGE IN PAY OR NEW EMPLOYER</b> <i>Attach paystubs and/or other proof of income (if available)</i>	<b>EMPLOYMENT ENDED</b> <i>Attach Confirmation from the employer of last day worked (if available)</i>
Household member:	Household member:
Social Security Number:	Social Security Number:
Employer Name & Address:	Employer Name & Address:
Phone:	Phone:
Fax: <b>(REQUIRED)</b>	Fax: <b>(REQUIRED)</b>
Date of employment (first day worked):	Employment ended (last day worked):
Hourly pay rate:	Did you apply for unemployment?      Yes / No
Hours per week:	Did you apply for TANF?      Yes / No

<b>CHANGE IN OTHER INCOME</b> <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 EXPENSE

Date 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  Semester

Financial 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? <b>Y / N</b>

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

*\*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

## 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). Income decreases must be received by the 15<sup>th</sup> 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/We hereby authorize the Housing Authority of Jackson County to verify the information provided by me on this form. I/We understand if this form is not completely filled out and/or supporting documentation is not attached, the review may be cancelled or delayed. I/We 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



*Upon request, Housing Authority of Jackson County will provide reasonable accommodations to people with disabilities so they can participate in our program.*