



**HOUSING AUTHORITY
of JACKSON COUNTY**

2251 Table Rock Road | Medford, OR 97501
P 541- 779-5785 | F 541-857-1118
www.hajc.net

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:

NEW EMPLOYER or CHANGE IN PAY <i>Attach paystubs and/or other proof of income (if available)</i>	EMPLOYMENT ENDED <i>Attach Confirmation from the employer of the 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: (REQUIRED)	Fax: (REQUIRED)
Date of employment (first day worked):	Employment ended (last day worked):
The effective date of change in pay:	Did you apply for unemployment? Yes / No
Hourly pay rate:	Did you apply for TANF? Yes / No
Hours per week:	

CHANGE IN OTHER INCOME

Please attach an award letter or other documented proof.

<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: \$	<input type="checkbox"/> Per Week	<input type="checkbox"/> Per Month
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Provider name:	Provider phone:
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Provider address:

CHANGE IN STUDENT STATUS (18+)

For GED/Diploma add proof of enrollment; for undergraduate/graduate studies, provide an award letter & class schedule.

Household member:	Start date:	Stop date:
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Tuition cost \$	Per	<input type="checkbox"/> Quarter	<input type="checkbox"/> Semester
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Financial Aid Award \$	Per	<input type="checkbox"/> Quarter	<input type="checkbox"/> Semester
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CHANGE IN HOUSEHOLD COMPOSITION

<input type="checkbox"/> ADD AN ADULT	To make this change to your household you must complete the ADD A HOUSEHOLD MEMBER form and submit it with proper documentation
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<input type="checkbox"/> ADD A MINOR	To make this change you must sign a DECLARATION OF CITIZENSHIP form <u>and</u> attach a copy of social security card or birth certificate
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Name:	SS Number:
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DOB:	Place of Birth:	Sex	Race*	Disabled? Y / N
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Name:	SS Number:
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DOB:	Place of Birth:	Sex	Race*	Disabled? Y / N
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***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: The 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 15th of the month to adjust your rent for the following month. If this form is not 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 the 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 filled out and/or supporting documentation is not attached, the review may be canceled 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.