



HOUSING AUTHORITY
of JACKSON COUNTY

2251 Table Rock Road, Medford, OR 97501

www.hajc.net | Phone (541) 779-5785 | Fax (541) 857-1118

INTERIM – CHANGE REPORT INSTRUCTIONS

To report changes in your household, please complete and submit the Change Report on the reverse side of this sheet. All adults in the household must sign the Authorization on the third page. Adjustments are made effective on the first of the month only. There are no retroactive adjustments.

1. **REPORTING INCOME CHANGES:** All changes must be reported within 10 business days. 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 provided, the review may be delayed, i.e. we may not be able to adjust for the next month. 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/or you may risk losing your housing subsidy.
2. **PROVIDING VERIFICATIONS:** If you are reporting an increase in your total household income, The Housing Authority of Jackson County must receive at least two pay stubs reflecting the change. For a decrease, you must provide proof that the income will decrease or stop for at least 30 days. If supporting documentation is not provided with the Change Report, you will receive a letter requesting further information from your case coordinator.
3. **REMOVING MEMBERS:** If you are reporting a change to remove a family member that NO LONGER resides in your unit, you **MUST** complete a voluntary termination form and provide proof of the family member's new residence.
4. **ADDING MEMBERS:** If you want to add another person to your household, you **MUST** obtain a Request to Add a Household Member packet from your Caseworker. **This form will not be accepted to add a member.**

PLEASE SEE REVERSE SIDE



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INTERIM – CHANGE REPORT

To help expedite the processing of your change, please print clearly in black or blue ink.

Head of Household Name

Date

Current Address

City

State

ZIP

Phone Number

Email

TYPE OF CHANGE: ☐ Increase in Income
☐ Decrease in Income
☐ Remove Member

Date Change Occurred

HOUSEHOLD MEMBER REPORTING THE CHANGE:

PLEASE DESCRIBE THE CHANGE:

If you are reporting any change in income, please include in the space below the **name, address and fax number/email address** of the employer or agency this income comes from :

I hereby certify that all of the information I have provided on this form is true and complete.

Signature of Head of Household

Date

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.



SECTION 8 CHANGE REPORT AUTHORIZATION

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 received by HAJC, 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.

GIVING TRUE AND COMPLETE INFORMATION: I/We certify that all the information provided to the Housing Authority on household composition, income, family assets, allowances and deductions, is accurate and complete to the best of my/our knowledge. I/We understand that false statements or information are grounds for termination of housing assistance or tenancy.

REPORTING ON PRIOR HOUSING ASSISTANCE: I/We certify that I/We have disclosed where I/We received any previous Federal housing assistance and whether or not any money is owed. I/We certify that for this previous assistance I/We did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

NO DUPLICATE RESIDENCE OR ASSISTANCE: I/We certify that the assisted unit will be my/our principle residence and that I/We will not obtain duplicate Federal housing assistance while I/We are on this program. I/We will not live anywhere else without notifying the Housing Authority immediately in writing, as well as my/our landlord. I/We will not sub-lease my/our assisted residence.

COOPERATION: I/We know I/We are required to cooperate in supplying all information needed to determine my/our eligibility, level of benefits, or to verify my/our true circumstances. Cooperation includes attending scheduled meetings and completing and signing needed forms. I/We understand failure or refusal to do so may result in delays, termination of assistance or eviction from tenancy.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION: I/We understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, income or inaccurate information is grounds for denial or termination of housing assistance and/or termination of tenancy.

After verification by Housing Authority of Jackson County, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 or Form HUD-50059 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic media tape. See the Federal Privacy Act Statement for more information about its use.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free hotline at 800-669-9777.

ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER ARE REQUIRED TO SIGN THIS FORM

Signature of Head of Household

Date

Signature of Spouse / Co-Head

Date

Signature of Other Adult

Date

Signature of Other Adult

Date