

**SNYDER COUNTY HOUSING AUTHORITY
PARTICIPANT INCOME CHANGE REPORT**

All changes must be reported in writing within 10 days. As required by my Section 8 Voucher or my Public Housing Lease, I wish to report the following changes: (All changes must be verified.)

W:\WPDOCS\SECTIONS8\FORMS\CHANGE FORM- INCOME & HOUSEHOLD EFF 2013.docx

Head of Household (HH): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Program Type: Section 8: (or) Public Housing: Social Security Number: _____

1. Employment / Wages: Increase Decrease

Household Member: _____ Date Started: ___/___/___ Date Stopped: ___/___/___

Amount of Income: \$ _____ (Check one: weekly , bi-weekly , monthly)

Employer: _____ Telephone: _____

Address: _____ Fax: _____

2. Benefit Income: Increase Decrease

Household Member: _____ Date Started: ___/___/___ Date Stopped: ___/___/___

Amount of Income: \$ _____ (Check one: weekly , bi-weekly , monthly)

Type of Benefit Income _____

3. Other Income: Increase Decrease

Household Member: _____ Date Started: ___/___/___ Date Stopped: ___/___/___

Amount of Income: \$ _____ (Check one: weekly , bi-weekly , monthly , lump sum)

Type of Income: _____

*****No Income reported requires the completion of a Zero Income Form*****

4. Any Other Change (including Community Service Status)

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS CHANGE REPORT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT SHOULD I HAVE FAILED TO REPORT TIMELY, IT MAY RESULT IN BACK RENT/OVERPAID RENTAL ASSISTANCE WHICH I WILL BE REQUIRED TO REIMBURSE THE HOUSING AUTHORITY.

****IMPORTANT**:** Decreases are effective the first of the month following the REPORT of the change, provided that the change is reported by the 15th of the month. All other changes will be processed as outlined in Snyder County Housing Authority's Administrative Plan (Section 8) or Admission and Continued Occupancy Policy (Public Housing)

SIGNATURE _____ DATE _____

FOR PHA USE ONLY				
Date Received		Forms Out	Anticipated Change Date	

Staff Notes: _____

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PARTICIPANT HOUSEHOLD CHANGE REPORT**

All changes must be reported in writing within 10 days. As required by my Section 8 Voucher or my Public Housing Lease, I wish to report the following changes: (All changes must be verified.)

Head of Household (HH): _____

Address: _____

Program Type: Section 8: (or) Public Housing: Phone Number: _____

1. Household Composition Change: Adding a New Member Removing a Member

Written approval is required to add any person to the assisted family. Adding a person does not guarantee an additional bedroom. * All persons over the age of 18 must complete an application packet, have a criminal history check completed and provide photo ID.

Name of Person: _____ Social Security Number: _____

Date of Birth: ___/___/___ Male Female Relationship to HH _____

Attach the following as indicated:

- Birth certificate of the person whom you are requesting to **add** to the household.
- Social Security Card of the person whom you are requesting to **add** to the household.
- (For S8 only) Letter from the landlord acknowledging that he/she is aware of the request to add/remove a person from/to the household.
- Guardianship documentation (required if member is under the age of 18). Additional documentation may be requested.
- Citizenship form (provided by the Housing Authority).
- Forwarding address of removed household member: _____

Is the person you would like to add included in any other family receiving any type of housing assistance in Pennsylvania or any other state? YES NO

2. INCOME: Increase Decrease No Change

Household Member: _____ Type of Income _____

Amount of Income: \$ _____ (Check one: weekly , bi-weekly , monthly , lump sum)

A. WAGES: (please provide source):

Employer: _____ Telephone: _____

Address: _____ Fax: _____

B. OTHER INCOME: (explain) _____

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SIGNATURE _____ DATE _____

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AUTHORIZATION FORM

I do hereby authorize and request the disclosure to the SNYDER COUNTY HOUSING AUTHORITY any information that may be desired concerning myself, or immediate family members residing with me to include verification of age, residence, family composition, employment, income resources, assets, or other pertinent data which may effect my eligibility for **Section 8 Rental Assistance or Public Housing**. **I AM AUTHORIZING THAT THESE DOCUMENTS MAY BE FAXED or PHOTOCOPIED TO THE AGENCY FROM WHICH WE ARE REQUESTING INFORMATION AND THAT THE AGENCY MAY FAX OR PHOTOCOPY DOCUMENTS BACK TO THE SNYDER COUNTY HOUSING AUTHORITY.**

It is understood that the information obtained will be used only for purposes directly related to my eligibility for **Section 8 Rental Assistance or Public Housing**.

I hereby give my permission to the SNYDER COUNTY HOUSING AUTHORITY to duplicate this form bearing my signature to be used in conjunction with eligibility verification forms.

Date

Signature

Date

Signature

Date

Signature

Witness to Signature(s):

Witness

Title