



HOUSING CHOICE AND PROJECT BASED VOUCHER PROGRAMS
SHELTER PLUS CARE AND SINGLE ROOM OCCUPANCY PROGRAMS

CHANGE REPORTING FORM

TO REPORT CHANGES IN INCOME AND FAMILY COMPOSITION BETWEEN ANNUAL REEXAMINATIONS FOR ALL HOUSING CHOICE (SECTION 8), PROJECT BASED, SHELTER PLUS CARE, AND SINGLE ROOM OCCUPANCY PROGRAMS

Families are required to report any changes in income and/or changes in the household composition within 10 business days of the change.

Upon completion, this form and any supporting documentation should be dropped off at the AMHA drop box, emailed to Office@allenmha.com, or mailed back to AMHA to receive a date stamp. Copies of date stamped forms are available upon request. This form will record the exact date the information was reported to AMHA.

Each reported change will be followed up with a request for information or a rent notification. If you have not received either response within 5 business days, contact your assigned caseworker.

If you receive a request for information, your response is required within the given deadline. If you are unsure of what information is being requested or unable to obtain the information, you should contact your assigned caseworker.

Failure to report these changes as indicated above is a violation of your family obligations and may result in the following actions:

- Increase in rent amount without a 30-day notice
- Repayment of amounts overpaid to the landlord
- Termination of assistance and/or felony prosecution

INCOME DECREASES MUST LAST FOR MORE THAN 30 DAYS TO QUALIFY FOR A NEW RENT DETERMINATION AND A POSSIBLE REDUCTION IN RENT.



Allen Metropolitan Housing Authority

600 South Main Street, Lima, OH 45804-1242
Phone: (419) 228-6065 Fax: (419) 228-1018
www.allenmha.com

Head of Household _____ SSN _____

Address _____

City/State/Zip _____ Phone _____

Email: _____

List any and all changes:

Start of Employment:

For NEW employment, you must provide a statement **on company letterhead** that indicates your hire date, hourly rate and number of hours you work per week along with 2 consecutive pay stubs or pay history.

For a CHANGE of employers, you must provide both **new and former employer** information.

Name of Family Member

Employed _____

New Employer _____

Employer Phone _____

Employer Address _____

End of Employment:

You must submit a statement **on company letterhead** indicating your last day of work and your final paycheck stub.

Are you applying or have you applied for unemployment?

_____ Yes _____ No

Name of the Family Member No Longer Employed

Former Employer _____



Unemployment Benefits (You must submit your benefit letter and/or statement):

- Now receive Unemployment Benefits, Name of Family Member _____
- No longer receiving Unemployment Benefits, Name of Family Member _____

Department of Job and Family Services (Provide statement of benefits from DJFS):

- Now receive OWF/DA/TANF, Name of Family Member _____
- No longer receive OWF/DA/TANF, Name of Family Member _____

Child Support Payments (Provide 6-month payment history for **all** cases, must include case numbers on printout):

- Now receive Child Support Payments, Name of the Child(ren) _____
- No longer receive Child Support Payments, Name of the Child(ren) _____

Social Security (Provide your current Social Security award letter):

- Now receive Social Security Payments, Name of Family Member _____
- No longer receive Social Security Payments, Name of Family Member _____
- Change in Social Security Benefit Amount, Name of Family Member _____



Change in Family Size (Additions require approval and Removals require verifications of new address):

- I wish to add someone to my household, Name of the Family Member _____

- I wish to remove someone from my household, Name of the Family Member _____

Other Change not Listed (such as changes in child care or student status):

ATTENTION

By signing this form, you are affirming:

- All of the above information is correct to the best of your knowledge.
- You understand that if any information provided is found to have been deliberately falsified, it is grounds for termination of assistance and possible legal prosecution.
- You understand, AMHA has access to the Enterprise Income Verification System, which allows authorized employees to view and print information for all household members past and present income information. The information obtained through this system is only for the use of the Housing Authority and will be maintained and destroyed per HUD requirements.
- You are responsible for providing written updates when any of your information changes or when requested by the Housing Authority.
- You understand that AMHA has a minimum rent policy requiring that at minimum the family will be responsible for at least \$25.

Head of Household Signature

Date