CHANGE REQUEST FORM

Use this form to report all changes to your application packet. Please check the appropriate change(s) and answer *ALL* the questions. If the question does not apply to you please indicate "Not Applicable" in that area.

HOH Name:_____ Phone #:_____

Address:_____

Explain your change:_____

Name of household member with change?_____ Date this change began:_____

1. EMPLOYMENT: ◯ Started ◯ Ended ◯ Hours/Rate changed ◯ Not Applicable

Name of Company:_____

Address:_____

City, State, Zip:_____ New Amount: $_____

◯ Weekly ◯ Bi-weekly ◯ Semi-monthly

◯ Started ◯ Ended ◯ Hours/Rate changed ◯ Not Applicable

Name of Company:_____

Address:_____

City, State, Zip:_____ New Amount: $_____

◯ Weekly ◯ Bi-weekly ◯ Semi-monthly

2. Are you currently enrolled as a FULL-TIME student? ◯ No ◯ Yes If yes, where?

3. CHILDCARE ◯ Started ◯ Ended ◯ Amount change ◯ Not Applicable

Name of Provider:_____ Amount:$_____

Address & Phone #:_____ ◯ Weekly ◯ Bi-weekly ◯ Semi-monthly

4. PUBLIC ASSISTANCE – TANF:

◯ Old amount: $_____

◯ New amount: $_____

◯ Not Applicable

5. SSI – SSP – Social Security:

◯ Old amount: $_____

◯ New amount: $_____

◯ Not Applicable

6. UNEMPLOYMENT COMPENSATION: ◯ Started ◯ Ended ◯ Not Applicable

7. CHILD SUPPORT or SPOUSAL SUPPORT:

◯ Court Ordered ◯ Voluntary ◯ Started ◯ Ended ◯ Not Applicable

8. PENSION: Amt: $_____per_____ ◯ Increase ◯ Started ◯ Ended ◯ Not Applicable

9. REMOVING & ADDING a member: (You will receive a further instructions from our Tenant Placement Office.)

Full Name:_____ ◯ Adult ◯ Minor ◯ Not Applicable

Address:_____ Phone #:_____

10. RECEIVING ANY CASH OR GIFTS FROM NON-HOUSEHOLD MEMBER?

This assistance includes but not limited to significant other, spouse, parent(s), grandparent(s), aunt(s), uncle(s), adult child(ren)

◯ Started ◯ Ended ◯ Not Applicable

Name of Contributor:_____ Amount:$_____

Address & Phone #:_____ ◯ Weekly ◯ Bi-weekly ◯ Semi-monthly

PLEASE READ CAREFULLY & SIGN:

I certify that the statement(s) on this Change Request Form are true to the best of my knowledge & belief. I understand that the statement(s) will be verified. I understand that any false statement(s) made on this form may cause me to be punishable under Federal Law & disqualified for Admissions or Continued Occupancy. I also understand that all changes must be reported to Reading Housing Authority within **(10) ten days** of when the changes occur.

_____

Head of Household Signature Date

You may submit this document in person, e-mail, fax or mail documents, please call to verify receipt.

Reading Housing Authority • Housing Choice Voucher Program (Section 8)
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