

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 please, please call to verify receipt.