

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 in writing 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)

• 120 S. 6th Street • Reading, PA 19602 • Phone 610-373-5088 • Fax 610-373-4260