



**HOUSING CHOICE VOUCHER CHANGE FORM-ACTIVE RESIDENTS**

This form is for active Section 8 Participants Only and MUST be returned to the Housing Authority when changes occur in your household.

<b>Please check all that apply.</b>	
I am requesting the following:	
<input type="checkbox"/> Name Change	<input type="checkbox"/> Household Composition Change
<input type="checkbox"/> Phone/Address Change	<input type="checkbox"/> Employment/Income Change
	<input type="checkbox"/> Other
<b>Household Information</b>	
Name: _____	SSN: _____
Address: _____	
City/State _____	Zip Code: _____
Telephone: _____	Alternate #: _____
<b>I. Household Composition Change:</b>	
<input type="checkbox"/> Addition to household member(s) listed below.	
<input type="checkbox"/> Removal of household member(s) listed below.	
Name: _____	SSN: _____
DOB: _____	Sex: _____ Relationship: _____
Present Employment: _____	Hour Per Pay Period _____
Rate of Pay: \$ _____	Pay Schedule (Circle One): Weekly Bi Weekly Monthly Semi Monthly
Reason: _____	
<b>II. Employment/Income Change:</b>	
<b>Previous Employer:</b> _____	Phone #: _____
Last Date of Employment: _____	
<b>**If separating from a job, a separation notice is required before income can be removed from your case.**</b>	
Other Income: _____	
(AFDC, Child Support, Cash Gift, Etc.)	
<b>Current Employer:</b> _____	Phone #: _____
First Date of Employment: _____	
<b>**If starting a new job, please sign and date an Income Verification Form (see Receptionist) and attach to change form.**</b>	
Rate of Pay: \$ _____	Pay Schedule (Circle One): Weekly Bi Weekly Monthly Semi Monthly
<b>Other Income:</b> _____	
(AFDC, Child Support, Cash Gift, Etc.)	
<b>III. Childcare</b>	
<input type="checkbox"/> Request to change Childcare providers listed below.	
<input type="checkbox"/> Request to add Childcare provider listed below.	
<input type="checkbox"/> Request to remove Childcare Expense from my case.	
1. Name of Previous Childcare Provider: _____	
Phone Number: _____	
2. Name of Previous Childcare Provider: _____	
Phone Number: _____	
<b>IV. Other (please explain):</b>	
<b>**Rent changes will not be made until all necessary documentation is received. Rent decreases will be effective the month after verification is received. Rent Increases will be effective a minimum of 30 days after verification is received. **</b>	
_____	_____
Head of Household Signature	Date