

HOUSING CHOICE VOUCHER PROGRAM INTERIM CHANGE FORM

TO BE COMPLETED BY CURRENT PROGRAM PARTICIPANTS ONLY

Please continue to pay your current tenant rent portion until you receive written notice from CRHA advising you of a change in your portion of rent.

Please complete all sections of this form and ANSWER all questions. DO NOT leave any questions blank. If a question does not apply write "N/A". If you do not understand a question, you may ask for an explanation during your interview or have someone else explain it to you.

WARNING: Making false statements on this document is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION.

Head of Household _____ Social Security # _____

Home Telephone Number _____ Cell Number _____

Street Address _____ Apt. # _____

City _____, State _____ Zip Code _____

[] REPORTING CHANGE OF HOUSEHOLD MEMBERS

I desire to ADD the following persons(s).

- A criminal background check is required for all persons 18 years and older prior to being added to the household. The criminal history must be acceptable according to CRHA's Occupancy Standards.
- Birth Certificates, Social Security Cards and Government Issued Pictured ID's are required.
- A 214 Declaration must be completed for all added family members

Name	Relation to Head	Age	Social Security #

I desire to remove the following person(s)

- Statement is required to verify that household member will no longer contribute income to household. (if applicable)

Name	Relation to Head	Age	Social Security #

CONTINUED ON BACK

at change are you reporting? (Please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> New Employment | <input type="checkbox"/> Termination of Employment | <input type="checkbox"/> Self Employed |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> SSI | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Child Care Expenses | <input type="checkbox"/> Short Term Disability |
| <input type="checkbox"/> Zero Income | <input type="checkbox"/> Foster Care Payments | <input type="checkbox"/> Long Term Disability |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Pension Income | <input type="checkbox"/> Retirement Benefits |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Family Contributions | <input type="checkbox"/> Medical Expenses |
| <input type="checkbox"/> Student Status | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Add a Family Member | <input type="checkbox"/> Remove a Family Member | _____ |

Please explain the reason for this change:

***New Income Source (Family Member Name _____)**

Name of Employer/Agency/Provider: _____

Mailing Address: _____ Suite # _____

City, State and Zip Code _____

Telephone Number _____

Contact Name/Supervisor: _____ Fax No. () _____

***Previous Income Source (Family Member Name _____)**

Name of Employer/Agency/Provider: _____

Mailing Address: _____ Suite # _____

City, State and Zip Code _____

Telephone Number _____

Contact Name/Supervisor: _____ Fax No. () _____

The information above is true to the best of my knowledge and I am aware that any false statements will be grounds for termination from the program.

WARNING Title 18, Section 1001 of the United States Code states that a person is **GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS** to any department or agency of the United States. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.**

Signature of Head of Household

Date

Signature of Spouse or Co-head

Date

HCV Case Manager _____

SELF-DECLARATION
PARTICIPANT INCOME STATEMENT

Participant Name

SSN

Address

City

State, Zip Code

Self-Declaration of Income:

I, _____ declare that:
(please provide your written statement below)

Acknowledgments:

I certify that the above information is accurate and true to the best of my knowledge.

Participant Signature

Date

Agency Representative

Date