

PARTICIPANT CHANGE REPORT

All changes must be reported within 10 days
If you fail to comply, you must repay any over-paid housing assistance

Head of Household (HH): _____ Last Four Digits of Social Security # _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Program Type: Section 8: (or) Public Housing:

HOUSEHOLD COMPOSITION CHANGE: Adding a New Member Removing a Member

You must provide Birth Certificate, Social Security Card, Proof of Income, and a letter from the landlord granting permission to add/remove this person to the lease. Persons over the age of 16 may not move in to your household until criminal history check has been completed and approved. Proof of guardianship, such as a letter from CPS, or court-awarded guardianship documentation is required if the new household member is under the age of 18. Additional documentation may be required. Adding a person does not guarantee an additional bedroom. Glendale Housing will not approve the addition of a household member to the assisted household if it would increase the number of bedrooms.

Name of Person: _____ Social Security Number: _____

Date of Birth: ___/___/___ Male Female Relationship to HH _____

Income of Person: \$_____ (Check one: weekly , bi-weekly , monthly)

Is the person you would like to add included in any other family receiving any type of housing assistance in Arizona or any other state? YES NO

NEW EMPLOYMENT

Household Member: _____ Date Started: ___/___/___

Amount of Income: \$_____ (Check one: weekly , bi-weekly , monthly)

Attach the following:

- A letter on company letterhead from employer stating income, start date, hourly rate, and the number of hours per week.

CHANGE IN WAGES Effective Date _____ Increase Decrease Terminated/Stopped

Attach the following: Letter from your employer on company letterhead explaining the reason for increase/decrease, the effective date, hourly rate, and the number of hours per week.

Benefit Income: Effective Date _____ Increase Decrease Terminated/Stopped

Household Member: _____

OVER

Type of Benefit Income _____

Attach the following:

- Updated benefit award letter from benefit provider.

OTHER INCOME NOT LISTED: Effective Date _____ Increase Decrease

Household Member: _____

Amount of Income: \$ _____ (Check one: weekly , bi-weekly , monthly , lump sum)

Does anyone outside of your household pay for any bills or give you money? Yes No

Attach the following:

- Letter explaining any and all additional income sources on company letterhead where appropriate.

OUT OF POCKET CHILDCARE EXPENSE (Work or School Related Only): Increase Decrease

Household Member: _____ Date Started: ___/___/___ Date Stopped: ___/___/___

Amount of Payment: \$ _____ (Check one: weekly , bi-weekly , monthly)

Name of Child: _____ Age of Child: _____

Attach the following:

- Letter from child care provider explaining the increase/decrease in expense, as well as the hourly rate for during the school year and the summer months.

OUT OF POCKET MEDICAL EXPENSE (Elderly/Disabled Families Only): Increase Decrease

Household Member: _____ Date Started: ___/___/___ Date Stopped: ___/___/___

Amount of Payment: \$ _____ (Check one: weekly , bi-weekly , monthly)

Attach the following:

- Letter from the appropriate agency explaining increase/decrease.
- Printout from the pharmacy or doctor showing out of pocket expenses (i.e. co-pays).

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. GOVERNMENT AS TO ANY MATTER WITHIN ITS JURISDICTION. MISREPRESENTATION OF ANY INFORMATION IS GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS CHANGE REPORT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT UNLESS ALL DOCUMENTATION IS RECEIVED BY THE 20TH DAY OF THIS MONTH, MY RENT PORTION CANNOT BE DECREASED FOR THE NEXT MONTH UNLESS ALL DOCUMENTATION IS RECEIVED BY THE 20TH DAY OF THIS MONTH.

******* I UNDERSTAND THAT I AM RESPONSIBLE TO FOLLOW-UP WITH MY HOUSING REPRESENTATIVE TO ENSURE THE REPORTED CHANGE(S) WAS RECEIVED AND PROCESSED.**

SIGNATURE _____ DATE _____