

## **NOTIFICATION OF CHANGE**

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Housing Assistance Specialist: □Bri	an □Eric	□Sharron	□Kara	□Tami	
☐ I am dropping off paperwork requested by my worker→Complete Section 1					
☐ I am reporting a change or hav	ve a question <b>→</b> Co	omplete Section	ons 1 and 2		
□INCOME □HOUSEHOLD	COMPOSITION	(□BOTH)		□I HAVE	QUESTIONS
☐ I requested an appointment to	discuss this item.	. Appt. date a	nd time:		
SECTION 1: TENANT INFORMATION (PLEASE PRINT)  Do not send documents with social security numbers via email.					
Head of Household		HOH			
(HOH) Name:		SSN:			
Phone:		Email:			
SECTION 2: INFORMATION REQUIRED FOR A CHANGE					
Attach proof of the change to this for	orm. Failure to prov	vide proof of th	e changes w	ill delav prod	cessing.
Please explain change/question:					
The CDA POLICY is as follows:					
• The tenant must notify the CDA in writing within five days of a change in income.					
• If the change produces an increase in the tenants' rent portion, a 30-day notice of change will be given if the report is done in the required time frame. For an additional person being added, the increase happens on					
the first of the month after the person has moved in.  • For a decrease in income, the decrease must for 30 days or more. The interim decrease will start on the first					
of the month after a 21-day verification	n period. The 21-da	ay verification <sub>l</sub>	period starts	on whichev	ver is later:
1) The CDA receives written notificatio	n of a change –OR	R– 2) The date	of the final p	ayment rec	eived.
I certify that the information provided is true, complete, and accurate. I understand providing false information					
may lead to termination of my assistance or delay in processing the change. I have reported all changes for all family members. No other changes, other than those listed above, have occurred since my last recertification.					
lanniy members. No other changes, othe	i tilali tilose listed	above, nave 0	ccureu sinc	e my last fe	ceruncation.
TENANT SIGNATURE <b>∌</b>			DATE £	•	
OFFICE RCV'D BY:	DATE STAMP		GIVE TENA	ANT COPY	