

Notification of Change Form

My Housing Assistance Specialist (HAS) is: Kara Sharron Tami Brian B Tim Brian HS Alex

- I am turning in paperwork that was requested by my HAS → *Complete sections 1 and 4*
 I am reporting a change or have a question → *Complete all sections*

Is a meeting with your HAS needed?

- No, I do not need an appointment. Yes, I need to make an appointment.
 I have already requested an appointment to discuss this change. Appointment date/time: _____

-----SECTION 1: HEAD OF HOUSEHOLD (HOH) INFORMATION-----

Please print; all fields are required

First Name:	Last Name:
Full Address:	
Phone:	Email:

-----SECTION 2: DESCRIPTION OF CHANGE(S)-----

Check all that apply; include supporting documents in section 4

CHANGE TO HOUSEHOLD INCOME? <input type="checkbox"/>YES <input type="checkbox"/>NO		
	Head of Household (HOH)	Household Member <i>If "yes" for Household Member, enter person's name:</i>
New or added job?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Job loss?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Income Increase?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Income Decrease?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

CHANGE TO HOUSEHOLD OCCUPANTS? <input type="checkbox"/>YES <input type="checkbox"/>NO				
Add Member(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name:	Birthdate:	Relationship to HOH: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other:	Move-in Date:
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other:	
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other:	
Remove Member(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name:			Move-out Date:

OTHER TYPE OF CHANGE? <input type="checkbox"/>YES <input type="checkbox"/>NO	
Other <i>Check all that apply</i>	<input type="checkbox"/> Reasonable accommodation request <input type="checkbox"/> Travel notice <input type="checkbox"/> 60-day notice for move <input type="checkbox"/> Student status change <input type="checkbox"/> Medical deduction <input type="checkbox"/> Childcare deduction <input type="checkbox"/> Transferring ("porting") into Washington County <input type="checkbox"/> Transferring ("porting") out of Washington County <input type="checkbox"/> Other (<i>please describe below</i>)
Other <i>Please explain</i>	

-----SECTION 3: ADDITIONAL REQUIRED INFORMATION-----

PLEASE EXPLAIN THE CHANGE(S) OR YOUR QUESTION(S)

Change Descriptions Check all that apply	<input type="checkbox"/> I need information or help from my HAS about a change that was recently submitted (please describe below) <input type="checkbox"/> I have an update to a previous change <input type="checkbox"/> I have questions about my rent portions <input type="checkbox"/> I am requesting an informal hearing in response to a termination notice <input type="checkbox"/> I have concerns about my apartment/home <input type="checkbox"/> Other (please describe below)
Other Change Description Please explain	_____

-----SECTION 4: REQUIRED SUPPORTING DOCUMENTS-----

LIST OF PROOF OF CHANGE(S)

➔ **Attach proof of the change(s) to this form.** Failure to provide proof of the changes will delay processing.

Document Types Check all that apply	<input type="checkbox"/> Paystubs of new/ended job <input type="checkbox"/> Employment letters* <input type="checkbox"/> Tax returns <input type="checkbox"/> Bank statements <input type="checkbox"/> Updated lease	<input type="checkbox"/> SSN cards <input type="checkbox"/> Birth certificate(s) <input type="checkbox"/> Financial aid information <input type="checkbox"/> County benefits (one year)	<input type="checkbox"/> SSI/SSDI award letter <input type="checkbox"/> Student schedule <input type="checkbox"/> Travel information (tickets and total time out of unit) <input type="checkbox"/> State ID or driver's license <input type="checkbox"/> Other (please describe below)
Other Documents Please explain	*Employment letters must have person's name, company name, start/end date, pay rate, pay frequency, and average hours worked		

CDA POLICY:

- The tenant must notify the CDA in writing within five (5) 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 timeframe. 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 period. The 21-day verification period starts on whichever is later:
 1) The CDA receives written notification of a change –OR– 2) The date of the final payment received.

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.

PARTICIPANT SIGNATURE 

DATE 

Office Use Only:
RCV'D BY:

DATE STAMP

GIVE TENANT COPIES OF THIS
FORM AND ATTACHMENTS