

PARTICIPANT CHANGE FORM (Section 8)

Dear Participant:

The following information is needed **ONLY** if there has been a change in your address, family composition, income, current housing or living arrangements.

PLEASE PRINT and complete entire form

Applicant Name: _____ SSN _____

Current Address: _____

Phone Number(s): Home # _____ Work # _____ Other/Message # _____

Check the box that applies to your **Application Change**:

My **mailing address** has changed. My new mailing address is:

My **family composition** has changed. My new family composition is as follows:

Name	MI	Relationship	Sex	Age	SSN	DOB

Please Note: If you are removing a family member from your application, please indicate the reason why:

My **housing situation** has changed. My new housing information is as follows:

Are you now living in Public Housing or HUD subsidized Housing? Yes No

If yes, please tell us where? _____

My **family income** has changed. My new family income is as follows:

Please update your income: Employment, Unemployment Comp, Social Security, SSI, TANF, Direct Contributions, etc.

NEW Employer: _____ Phone No# _____

Address: _____

Rate of pay: \$ _____ (Hourly)

Hours per week: _____ I get paid: Weekly Bi-Weekly Monthly

FORMER Employer: _____ Phone No# _____

Address: _____ Last date of work: _____

Reason for leaving employment: _____

Other changes in family income (explain): _____

WARNING:

Section 1001 of Title XVII of the United States Code makes it a criminal offense to make willful gales statement or misrepresentations to any department or agency of the Unity States as to any matter within its jurisdiction. I certify that the above information is correct and I understand that any misrepresentation will be grounds for denial or termination with the Section 8 Housing Choice Voucher Program or Public Housing Program.

 Client's Signature Date _____

FOLEY HOUSING AUTHORITY AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (LEGAL NAME), DO HEREBY AUTHORIZE ANY AGENCIES, OFFICES, GROUPS, ORGANIZATIONS OR BUSINESS FIRMS TO RELEASE TO THE FOLEY HOUSING AUTHORITY ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE AND VERIFY MY APPLICATION FOR PARTICIPATION AND/OR TO MAINTAIN MY CONTINUED ASSISTANCE UNDER THE SECTION 8 HOUSING ASSISTANCE PROGRAM, SECTION 8 VOUCHER PROGRAM AND/OR LOW INCOME HOUSING PROGRAMS. THE INFORMATION NEEDED MAY INCLUDE VERIFICATION OR INQUIRES REGARDING MY IDENTITY, HOUSEHOLD MEMBERS, EMPLOYMENT AND INCOME, ASSETS, ALLOWANCES OR PREFERENCES I HAVE CLAIMED AND RESIDENCY. THESE ORGANIZATIONS ARE TO INCLUDE BUT NOT LIMITED TO: FINANCIAL INSTITUTIONS; PAST OR PRESENT EMPLOYMENT; EDUCATIONAL INSTITUTION; SOCIAL SECURITY ADMINISTRATION; WELFARE AND FOOD STAMP AGENCIES; VETERANS ADMINISTRATION; COURT CLERKS; UTILITY COMPANIES; WORKMEN'S COMPENSATION PAYERS; PUBLIC AND PRIVATE RETIREMENT; LAW ENFORCEMENT AGENCIES; MEDICAL FACILITIES AND CREDIT PROVIDERS AND/OR AGENCIES.

I UNDERSTAND THAT THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) AND/OR THE FOLEY HOUSING AUTHORITY MAY CONDUCT COMPUTER MATCHING PROGRAMS IN ORDER TO VERIFY THE INFORMATION SUPPLIED ON MY APPLICATION OR RECERTIFICATION. IT IS UNDERSTOOD AND AGREED THAT THIS AUTHORIZATION OR THE INFORMATION OBTAINED WITH ITS USE MAY BE GIVEN TO AND USED BY HUD AND/OR THE FOLEY HOUSING AUTHORITY IN THE ADMINISTRATION AND ENFORCEMENT OF PROGRAM RULES AND REGULATIONS AND THAT HUD AND/OR THE STATE OR LOCAL AGENCIES, INCLUDING STATE EMPLOYMENT AGENCIES; DEPARTMENT OF DEFENSE; OFFICE OF PERSONNEL MANAGEMENT; THE SOCIAL SECURITY ADMINISTRATION; AND STATE WELFARE AND FOOD STAMP AGENCIES.

IT IS WITH MY UNDERSTANDING AND CONSENT THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSES STATED ABOVE. THIS AUTHORIZATION FORM WILL EXPIRE IN 15 (FIFTEEN) MONTHS FROM THE DATE SIGNED.

ADDRESS	CITY	STATE	ZIP
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SOCIAL SECURITY NUMBER	DATE OF BIRTH	TELEPHONE
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SIGNATURE	DATE
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