

# 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 the 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	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