

APPLICANT/TENANT CHANGE FORM (Public Housing)

Dear Applicant/Tenant:

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: _____

Yes No Is the person filling out this change form the Head, Co-Head or Other Adult on the lease?

Phone Number(s): Home # _____ Cell # _____ Alternate# _____

Check the box that applies to your Application Change

My **mailing address** has changed on or about _____ . My new mailing address is:

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

Name	MI	Relationship to HOH	Sex	Age	SSN	DOB

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

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.

Employer, SS, SSI, TANF or Contributions	Phone #	Address	Rate of Income	Start date

Former Income:

Employer, SS, SSI, TANF, or Contributions	Phone #	Address	Rate of Income	End date

Reason for leaving employment?

Have you signed up for Unemployment? Yes No Will you sign up for Unemployment? Yes No

If you sign up for Unemployment you are required to provide that documentation to this office no later than 10 days of receiving Unemployment benefits.

It is your responsibility to report all income in your household. Failure to do so may result in Lease Termination.

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 United 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.

By signing below I am agreeing that I have given all my families information.

 Tenant/Applicant 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 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.

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

SOCIAL SECURITY NUMBER

DATE OF BIRTH

TELEPHONE

SIGNATURE

DATE