

GREELEY/WELD HOUSING AUTHORITIES

CHANGE REPORT FORM

COMPLETE THIS FORM IF THERE HAS BEEN A CHANGE IN YOUR CIRCUMSTANCES. Check the changes listed below that apply to you and fill out the information on each change. **YOU MUST PROVIDE VERIFICATION WITH THIS FORM.** The verification needed is listed below each change. **You must sign and date the back of this form.**

Last Name First Name Social Security No.

Phone Number _____ Address _____

CHECK ONE: _____ The Greeley/Weld Housing Authorities pay part of my rent.
 _____ I am on the waiting list for Section 8/Public Housing

1. I HAVE MOVED. Date of Move: _____ **List new address:**

Street/PO Box	Apt. No.	Phone Number
City	State	Zip

VERIFICATION NEEDED: ATTACH A COPY OF YOUR LEASE/RENTAL AGREEMENT AND UTILITY BILLS. WE DO NOT USE RENT RECEIPTS.

2. I HAVE CHANGED MY NAME:

Date of name change: _____ My name is now: _____
 _____ Month/Day/Year

VERIFICATION NEEDED: Attach proof of name change.

3. MY HOUSEHOLD INCOME HAS CHANGED: List all sources of income:

Date of income change: _____ My income is now: \$ _____ per _____.

Family Member	Source of Income	Amount received per month
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VERIFICATION NEEDED: ATTACH PROOF OF INCOME.

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4. THE NUMBER OF PEOPLE LIVING IN MY HOUSEHOLD HAS CHANGED:

Date of changes: _____ How many people in your household now? _____

The following people have **MOVED OUT**:

Name	Date of Birth	Social Security No.
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Name	Date of Birth	Social Security No.
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The following people have been **ADDED OR MY CHILD HAS TURNED 18 YEARS OF AGE. This requires a completed re-certification packet at the time this form is submitted.**

Name	Date of Birth	Social Security No.
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Name	Date of Birth	Social Security No.
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VERIFICATION NEEDED: Attach a copy of social security card for any person over age 5 who you are adding to your household.

5. I am now on Homeless Case Management with _____

Attach Verification from agency.

ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Signature

Date