



**HARRISONBURG  
REDEVELOPMENT AND  
HOUSING AUTHORITY**

P.O. BOX 1071 + HARRISONBURG, VA 22803  
Phone/VTDD 540-434-7386 + Fax 540-432-1113

**HOUSEHOLD CHANGE FORM**

**CHANGES RECEIVED AFTER THE 25<sup>TH</sup> OF THE MONTH  
CANNOT BE PROCESSED FOR THE FOLLOWING MONTH**

It is your responsibility to **SUBMIT THIS FORM within 10 business days of ANY household change**, with all requested documentation. Failure to comply may result in the termination of your assistance. Your request will not be processed until you provide ALL required details and verification. Do not notify HRHA of changes by phone. Until you receive written notice from HRHA, you are responsible to pay your portion of the rent. If overpayments by HRHA are due to your failure to report changes on time, you will be required to reimburse HRHA.

**GENERAL INFORMATION**

Head of Household Name	Last 4 SSN
Address	Phone
Household Member(s) Involved/Affected	Effective Date
<b>HOUSEHOLD CHANGE:</b> <input type="checkbox"/> ADD MINOR (under 18) <input type="checkbox"/> ADD ADULT (18+) <input type="checkbox"/> REMOVE PERSON	
<b>JOB:</b> <input type="checkbox"/> NEW JOB <input type="checkbox"/> QUIT/LOST JOB <input type="checkbox"/> CHANGED JOBS <input type="checkbox"/> CHANGE IN HOURS OR PAY	
<b>OTHER INCOME:</b> <input type="checkbox"/> STARTED RECEIVING <input type="checkbox"/> STOPPED RECEIVING <input type="checkbox"/> CHANGE IN AMOUNT	
<b>CHILDCARE:</b> <input type="checkbox"/> ADD CHILDCARE <input type="checkbox"/> REMOVE CHILDCARE <input type="checkbox"/> CHANGE IN COST OR PROVIDER	
<b>STUDENT STATUS:</b> <input type="checkbox"/> ENROLLED FULL-TIME <input type="checkbox"/> NO LONGER ENROLLED FULL-TIME	
<b>OTHER (DESCRIBE):</b> <input type="checkbox"/>	
Describe Change:	

**HOUSEHOLD CHANGE** – List Persons Being Added or Removed.

Name	Relationship	Last 4 SSN	Birth Date	Add?	Remove?
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Add Person:** Complete New Member Request. No person can be added to the household without birth certificate, social security card, and Citizenship Declaration. Adults (age 18+) must attend a briefing, undergo a background check, and receive written approval from owner & HRHA before moving in.

**Remove Person:** Bring verification of their new address (i.e., utility bill, lease, etc.).

**- COMPLETE BOTH SIDES OF THIS FORM -**



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## JOB CHANGE

Employer Name	Contact Name
Employer Address	Phone #

**New Job or Change in Hours/Pay:** Pay stubs and Employment Verification Form

**Lost/Quit Job:** Employment Verification Form. Do you expect to receive unemployment benefits?  Yes  No

**Changed Jobs:** Pay stubs, Employment Verification Forms (one to new employer and one to prior employer)

## OTHER INCOME CHANGE – Check ALL that apply

<input type="checkbox"/> <b>CHILD SUPPORT:</b> From _____ To _____ (bring court documents, if applicable)
<input type="checkbox"/> <b>TANF:</b> DSS Social Worker Name: _____
<input type="checkbox"/> <b>SSI/SOCIAL SECURITY:</b> Bring statement letter
<input type="checkbox"/> <b>UNEMPLOYMENT INCOME:</b> Bring statement letter
<input type="checkbox"/> <b>FAMILY CONTRIBUTION:</b> Bring signed statement from provider, including their contact information
<input type="checkbox"/> <b>OTHER:</b> Bring printout or other applicable verification

Check here if income/job change lowers your income to ZERO. You must complete a Zero Income Certification

## CHILDCARE CHANGE – Complete Childcare Verification Form

Provider Name	Contact Name
Provider Address	Phone #
Names and Ages of Children in Care	Receive POC/Work-care? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Amount paid/frequency \$ _____ per

**STUDENT STATUS CHANGE** - Bring school letter or printout showing full-time student status, or documentation of any change

**I CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

WARNING: Title 18, Section 1001 of U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States Government.

For Office Use Only: Date & initial all items provided to and/or received from household			
	Date Provided & Initials	Date Rcv'd & Initials	Date Rcv'd & Initials
Employment Verification	_____	_____	Pay Stubs _____
Childcare Verification	_____	_____	Birth Certificate(s) _____
New Member Request	_____	_____	SS Card(s) _____
Citizenship Declaration	_____	_____	Other: _____
Appointment Request	_____	_____	Other: _____
Zero Income Certification	_____	_____	Other: _____