



**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 15TH OF THE MONTH
CANNOT BE PROCESSED FOR THE FOLLOWING MONTH**

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. *Do not notify HRHA of changes by phone.* Until you receive HRHA written notice, you are responsible to pay your portion of the rent. If HRHA overpays 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
Describe Change – Include Name(s) & Effective Date	
Will your household be at zero income after this change? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, <i>complete <u>Zero Income Certification</u></i>	

ADD PERSON(S)

*Complete New Member Request & Citizenship Declaration(s). Submit birth certificate & social security card. **Adults (18+)** must attend a briefing, undergo a **background check** & receive written owner & HRHA approval **BEFORE** moving in.*

REMOVE PERSON(S): *Submit proof of new address (i.e., utility bill, lease, etc.).*

Names of Persons to Remove	Last 4 SSN	Age	Effective Date	Reason / Potential to Return

INCOME CHANGE – NONWAGE

<input checked="" type="checkbox"/>	Type	Start, Stop, Increase or Decrease in Amount?	Effective Date	New Amount & Frequency	Submit with Change Form
<input type="checkbox"/>	CHILD SUPPORT				Statement letter/printout &/or court documents
<input type="checkbox"/>	TANF				Statement letter/printout
<input type="checkbox"/>	SSI/SOCIAL SECURITY				Statement letter/printout
<input type="checkbox"/>	UNEMPLOYMENT INCOME				Statement letter/printout
<input type="checkbox"/>	FAMILY CONTRIBUTION				Signed statement from provider - <i>must list their address/phone</i>
<input type="checkbox"/>	OTHER:				Printout or other applicable verification

- COMPLETE BOTH SIDES OF FORM-



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JOB CHANGE (attach Employment Verification form for each new, terminated & changed job; attach pay stubs when possible.)


<input type="checkbox"/> NEW JOB	<input type="checkbox"/> QUIT/LOST JOB*	<input type="checkbox"/> CHANGE IN HOURS OR PAY	<input type="checkbox"/> TEMPORARY LEAVE*
Employer Name		Contact Name	
Employer Address		Phone #	
* Do you expect to receive unemployment benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		Effective Dates	

CHILDCARE (must include Childcare Verification form): ADD CARE REMOVE CARE CHANGE IN COST OR PROVIDER

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 (attach school letter or printout) ENROLLED FULL-TIME NO LONGER ENROLLED FULL-TIME

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

 _____ Date _____
Head of Household Signature

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:

Items Attached to Form	<input checked="" type="checkbox"/>	Type of change reported:
Employment Verification	<input type="checkbox"/>	All required documentation included?
Childcare Verification	<input type="checkbox"/>	
New Member Request	<input type="checkbox"/>	
Citizenship Declaration	<input type="checkbox"/>	
Zero Income Certification	<input type="checkbox"/>	
Pay Stubs	<input type="checkbox"/>	
Birth Certificate(s)	<input type="checkbox"/>	Reviewed by
SS Card(s)	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

Place bottom of date stamp on line above ↑