

NORWALK HOUSING AUTHORITY

Notification of change(s) in FAMILY COMPOSITION and/or INCOME

Section 8 (HCV) Participant Public Housing Tenant **Applicant:** Section 8 PH School Street

INSTRUCTIONS:

1. If you **walk into** the office without an appointment, you **will not be seen**. However, you can use the space below & write the purpose of coming and NHA will try to communicate with you either by phone, letter, or schedule you for an appointment.
2. This form is to be used only to **report within 10 days, any changes in FAMILY COMPOSITION and INCOME**.
3. All changes **must be supported with documents**. Example: birth certificate, adoption papers, SS card, marriage/divorce papers, lost job, new job, unemployment, child support, child care, proof of full time student, awards or adjustment to SSI, Social Security, TANF, Notarized Affidavit for Reporting Zero Income or Cash Contributions, work history from Work Source if unemployed, etc.
4. Answer and complete only the information that is affected by the change. Use **blue** or **black ink** pen only.

Head of Household: _____

Participant/Tenant Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

What are you reporting?

- Change in Family Composition and Status (if checked, complete Part 1)
- Change in Family Income & deductions (if checked, complete Part 2)

PART 1 - Family Composition Change (attach supporting documents)

Check Below	Full Name:	Comments:
<input type="checkbox"/> New Child		
<input type="checkbox"/> Add Family Member / Adoption		
<input type="checkbox"/> Remove Family Member		
<input type="checkbox"/> Married		
<input type="checkbox"/> Divorced or Separated		
<input type="checkbox"/> Death of Family Member		
<input type="checkbox"/> Other (specify)		

PART 2 - Income Change (attach supporting documents)

Family Member's Name: _____

Check Below	New Pay Rate or # of Hrs.	Effective Date	Company Name:	Phone #
<input type="checkbox"/> New Job	\$ /			
New Job's mailing address: _____				
Contact Person Name: _____				
<input type="checkbox"/> Second Job	\$ /			
Second Job's mailing address: _____				
Contact Person Name: _____				
<input type="checkbox"/> Lost Job				
<input type="checkbox"/> Pay Increase	\$ /			
<input type="checkbox"/> Pay Decrease	\$ /			
<input type="checkbox"/> Additional Hours	hrs./			
<input type="checkbox"/> Reduced Hours	hrs./			
<input type="checkbox"/> Other (specify)				

Continue on other side

Part 2 continued:	Check the Applicable Change(s)				Effective Date	Current Amount
	Began	Stopped	Increase	Decrease		
Income & Deductions					Family member	
SSI						
Social Security						
Child Support						
VA Benefits						
Pension/Ret.						
Alimony						
AFDC or TANF						
Unemployment						
Worker's Compensation						
Food Stamp						
Cash & Other Forms of Assistance						
Unreimbursed Child Care Expenses						
Qualified Unreimbursed Medical Exp.						
Family Member with Disability						
Full Time Student 18 yrs. & older						

Part 3 - Write any other comments you may have here:

I/We certify that the information given above to the Norwalk Housing Authority are true and accurate to the best of my/our knowledge.
 I/We understand that giving false statements or information can be grounds for punishment under federal and state laws.
 I/We also understand that **giving false statements or information can be grounds for termination** of housing assistance.

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

Signature: _____

Date: _____

If other adult, relationship to Head of Household: _____

IMPORTANT: Please return this form with the necessary documents

Effective 05/07 Revised 07/08

Este es un aviso importante. Favor mandarlo traducir.
 C'est une annonce tres important. Faite le traduction s'il vout plait.
 Ca ce you bagay ki impotant. Fe yo traduit li pou ou sous ple.
 Anto einai mia shmantikh eidopoihsh. Parakalw ton metafrazei.
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