



PALM BEACH COUNTY HOUSING AUTHORITY

HOUSING CHOICE VOUCHER INTERIM CHANGE FORM

Dear Participant:

The following information is needed ONLY if there has been a change in your address, family composition, income, current housing or living arrangements. If you are a current HOUSING CHOICE VOUCHER participant, it is your responsibility to report all changes in family size and income to the Housing Authority, in writing, within ten (10) days of the date the change has occurred according to your Housing Voucher and Palm Beach County Housing Authority's Administration Plan. Failure to do so could result in the termination of your housing assistance. If the information has not been reported timely, an overpayment may have occurred and you may be asked to reimburse the Housing Authority.

PLEASE PRINT and complete entire form (front & back).

Participant Name: _____ SSN: _____

Current Address: _____

Phone Number(s): Home No: _____ Work No: _____ Other/Message No: _____

Check the box that applies to your Interim Change:

My mailing address has changed. My new mailing address is:

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

Name	MI	Relationship	Sex	Age	SSN	DOB

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

_____.



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My family income has changed. My new family income is as follows:

Employment

New Employer: _____ Phone No: _____ Hire Date: _____
Address: _____
Rate of pay: \$ _____ (Hourly)
Hours per week: _____ I get paid: Weekly Bi-Weekly Monthly

Former Employer: _____ Phone No: _____
Address: _____ Last date of work: _____
Reason for leaving employment: _____

Increase or Decrease with **Current** Employer: _____
Effective date: _____ Amount: \$ _____ How often: _____
Comments: _____

Other changes in family income (explain): _____

Please note:

If you are reporting ZERO income, you must complete a **Non-Income Affidavit Form**. Please request this form from the receptionist.

My childcare has changed. My new childcare information is as follows:

Childcare

Name of childcare provider: _____ Phone No. _____
Address: _____ Amount paid: \$ _____
How often: Weekly Bi-Weekly Monthly

WARNING:

Section 1001 of Title XVII of the United States Code makes it a criminal offense to make willful gales statements 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 Voucher Program or Public Housing Program.

Client's Signature Date

(PLEASE SIGN ATTACHED AUTHORIZATION RELEASE OF INFORMATION)



PALM BEACH COUNTY HOUSING AUTHORITY

Authorization for Release of Information Form

Purpose: Public Housing Authorities are required by Federal Law to verify the income, assets, and allowances of all individuals applying for admission to or living in federally assisted housing. We ask your cooperation by supplying the information on the enclosed form. Note that the individual(s) in reference has authorized your release of the requested information. We will use any information provided to determine eligibility and housing subsidy; we pledge to keep this information in strict confidence in accordance with the Federal Privacy Act.

PARTICIPANT/APPLICANT AUTHORIZATION:

I understand that depending on program policies and requirements, previous or current information may be needed in order to determine my family eligibility and housing subsidy. Verification and inquires that may be requested may include; however, not limited to:

Childcare providers, child support and alimony providers, clerk of the court, credit bureaus; educational institutions; employers; financial institutions; housing agencies; landlords; medical professionals; pharmaceuticals; post office; retirement corporations; Veterans Administration; social services and welfare agencies.

I hereby authorize release of any information requested by Palm Beach County Housing Authority and any procurer or furnisher of information; regarding my income, assets, and allowances. I understand and agree that photocopies of this authorization may be used for the purpose stated above. The original of this authorization is on file at the Palm Beach County Housing Authority and will remain in effect for twelve (12) months from the date signed. I understand that I have the right to review my file and correct any information that I can prove to be unjust.

1. _____
Head of Household Signature Social Security Number
- _____
Head of Household (PRINT) Date
2. _____
Adult Member Signature Social Security Number
- _____
Adult Member (PRINT) Date
3. _____
Adult Member Signature Social Security Number
- _____
Adult Member (PRINT) Date
4. _____
Adult Member Signature Social Security Number
- _____
Adult Member (PRINT) Date