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. <u>You must sign</u> <u>and date the back of this form.</u>

	Firs	t Name	Social Security No.
Phone Number ———		Ad dress	
		of my rent.	ng Authorities pay part r Section 8/Public Housing
1. I HAVE MOV	ED. Date of Move:		List new address:
Street/PO Box		Apt. No.	Phone Number
City	State	Zip	
2. I HAVE CH	ANGED MY NAME:		
	change:	My nai	ne is_now:
	change:Month/Day/	Year	
Date of name of	change:Month/Day/	Year NEEDED: Attach proo	f of name change.
Date of name o	change:Month/Day/ VERIFICATION CHOLD INCOME HAS C	Year NEEDED: Attach proo HANGED: List all sour	f of name change.
Date of name o	change:Month/Day/ VERIFICATION CHOLD INCOME HAS C e change:	Year NEEDED: Attach proo HANGED: List all sour	f of name change. ces of income:
Date of name of name of name of name of name of income	change:Month/Day/ VERIFICATION CHOLD INCOME HAS C e change: er	Year NEEDED: Attach proo HANGED: List all sour My income is now: \$_	f of name change. ces of income: per

VERIFICATION NEEDED: ATTACH PROOF OF INCOME.

EQUAL OPPORTUNITY HOUSING

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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.
Name	Date of Birth	Social Security No.

The following people have been **ADDED OR MY CHILD HAS TURNED 18 YEARS OF AGE**. <u>This</u> <u>requires a completed re-certification packet at the time this form is submitted</u>.

Name	Date of Birth	Social Security No.			
Name	Date of Birth	Social Security No.			
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