



REGIONAL HOUSING AUTHORITY

Serving the Cities of Live Oak, Yuba City and Colusa • Counties of Sutter, Nevada, Colusa and Yuba

1455 Butte House Road • Yuba City, CA 95993

Phone: (530) 671-0220 • Toll Free: (888) 671-0220 • TTY: (866) 735-2929 • Fax: (530) 673-0775

www.RegionalHA.org

CHANGE REPORTING FORM

Please print using an ink pen. Fill in for ALL household members. **ALL BLANKS MUST BE FILLED IN OR MARKED "NOT APPLICABLE"**. This form **MUST** be filled out **COMPLETELY** and **PROOF OF YOUR CHANGE** must be returned to your Specialist before any adjustment to your assistance can be made.

Name of Head of Household _____

Unit Address _____ City _____ ZIP _____

Phone Numbers: Home _____ Message _____ Email _____

CHANGE BEING REPORTED (Please check the applicable boxes):

- Increase in household income. If so, Who? _____ Did he/she start working Yes No
- Decrease in household income. If so, Who? _____ Did he/she stop working Yes No
- Removing a member from the household
- I am requesting to add an additional member to my household **
- Other: _____

PLEASE INDICATE THE CHANGES THAT YOU ARE REPORTING (please be specific and list all changes in Household composition, income, assets, and/or expenses. ATTACH PROOF OF WHATEVER HAS CHANGED.

** I understand that an additional member **may not** be added to my lease and may not move into the subsidized unit until the request has been approved by the Housing Authority and Landlord.

** Newborns require birth certificate and social security card.

Household Composition: I am requesting to ADD or Remove the following Family Member(s):

	Legal Name (As shown on Social Security Card)	Relation to Head of Household	Date of Birth	Request
1				<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE Date Moved:
2				<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE Date Moved:
3				<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE Date Moved:

Use an additional piece of paper if you need more room.

Income Changes: List ALL changes of income for ALL members of the household regardless of age. This includes income changes(s) for current household members or for a new member you are requesting to add to the household.

	Name of Family Member	Source of Income	Amount	Frequency Weekly/monthly/etc.	Start/End Date
1					
2					
3					

Employer name: _____ Employer Phone Number: _____

You must submit current verification of the change (i.e. check stubs or a current letter from your employer, or a current printout of benefits received from the appropriate agency). All supporting documentation MUST be supplied verifying the change at the time the completed change of income form is turned into the Housing Authority. If the documentation is not supplied at the same time as the change of income form is turned in, the change will not be added effective until the 1st of the month following receipt of all supporting documentation. All verifications must be current. CURRENT means that they are no older than 30 days from the day you turn them into the Housing Authority.

Do you have any other income or does someone help you pay your bills, buy food, etc.? YES NO

If yes, explain AND PROVIDE PROOF. _____

Medical Expenses (Elderly or Disabled Families Only)

Has there been an increase or decrease in medical expenses since your last re-exam? YES NO

If yes, how have they changed? _____
PROVIDE PROOF

Childcare:

Have your childcare costs changed? YES NO

If yes, how much? _____
PROVIDE PROOF.

Household Information: Mark your responses to the following questions:

Have any household members ever:

Been arrested for, charged with, or convicted of drug-related criminal activity? YES NO

Been arrested for, charged with, or convicted of violent criminal activity? YES NO

Been arrested for, charged with, or convicted of possession, manufacture, or distribution of a controlled substance? YES NO

Been arrested for, charged with, or convicted of ANY crime other than a minor traffic violation? YES NO

Used any name(s) or Social Security Numbers other than the one currently used? YES NO

If the answer to any of the above is "YES", please explain: _____

Please check this box if you are a person with a disability and need help reading or filling out this form. You have the right to ask the Housing Authority to make a reasonable accommodation of any sort to make RHA programs accessible for you. To make such a request, please contact the Housing Authority at (530) 671-0220 or TTY (866) 735-2929 or 711. This document is available in alternative formats. Pattra Runge Section 504 Accessibility Coordinator-(530) 671-0220 x 125

Certification: I do hereby swear and attest that all of the information above about me and my household is true and correct. I also understand that all changes in household members or income must be reported to the Housing Authority IN WRITING within 10 days. WARNING! TITLE 18, SECTION 1001, OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

_____ Signature of Head of Household	_____ Date	_____ Other Adult Signature	_____ Date
_____ Other Adult Signature	_____ Date	_____ Other Adult Signature	_____ Date
_____ Other Adult Signature	_____ Date	_____ Other Adult Signature	_____ Date

ALL ADULTS MUST SIGN THIS FORM



The Housing Authority is an equal opportunity employer and housing provider.

