

ALLEN METROPOLITAN HOUSING AUTHORITY
600 SOUTH MAIN STREET
LIMA, OH 45804
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HOUSING CHOICE AND PROJECT BASED VOUCHER PROGRAMS
SHELTER PLUS CARE AND SINGLE ROOM OCCUPANCY PROGRAMS

CHANGE REPORTING FORM

TO REPORT CHANGES IN INCOME AND FAMILY COMPOSITION BETWEEN ANNUAL REEXAMINATIONS FOR ALL HOUSING CHOICE (SECTION 8), PROJECT BASED, SHELTER PLUS CARE, AND SINGLE ROOM OCCUPANCY PROGRAMS

Families are required to report any changes in income and/or changes in the household composition within 10 business days of the change.

Once completed, this form and any supporting documentation should be dropped off at the AMHA drop box, emailed to Office@allenmha.com, or mailed back to AMHA to receive a date stamp. Copies of date stamped forms are available upon request. This form will record the exact date the information was reported to AMHA.

Each reported change will be followed up with a request for information or a rent notification. If you have not received either response within 5 business days, contact your assigned caseworker.

If you receive a request for information, your response is required within the given deadline. If you are unsure of what information is being requested or unable to obtain the information, you should contact your assigned caseworker.

Failure to report these changes as indicated above is a violation of your family obligations and may result in the following actions:

- Increase in rent amount without a 30-day notice
- Repayment of amounts overpaid to the landlord
- Termination of assistance and/or felony prosecution

INCOME DECREASES MUST LAST FOR MORE THAN 30 DAYS TO QUALIFY FOR A NEW RENT DETERMINATION AND A POSSIBLE REDUCTION IN RENT.

Head of Household _____ SSN _____

Address _____

City/State/Zip _____ Phone _____

Email: _____

List any and all changes:

Start of Employment:

For **NEW** employment, you must provide a statement on company letterhead that indicates your hire date, hourly rate and number of hours you work per week along with 6 weeks of pay stubs.

For a **CHANGE** of employers you must provide both new and former employer information.

- Name of Family Member Employed _____
New Employer _____ Employer Phone _____
Employer Address _____

End of Employment:

You must submit a statement on company letterhead indicating your last day of work and your final paycheck stub.

Are you applying or have you applied for unemployment? ____ Yes ____ No

- Name of the Family Member No Longer Employed _____
Former Employer _____

Unemployment Benefits (You must submit your benefit letter and/or statement):

- Now receive Unemployment Benefits, Name of Family Member _____
- No longer receiving Unemployment Benefits, Name of Family Member _____

Department of Job and Family Services (Provide statement of benefits from DJFS):

- Now receive OWF/DA/TANF, Name of Family Member _____
- No longer receive OWF/DA/TANF, Name of Family Member _____

Child Support Payments (Provide 6 month payment history for **all** cases, must include case numbers on printout):

- Now receive Child Support Payments, Name of the Child(ren) _____
- No longer receive Child Support Payments, Name of the Child(ren) _____

Social Security (Provide your current Social Security award letter):

- Now receive Social Security Payments, Name of Family Member _____
- No longer receive Social Security Payments, Name of Family Member _____

Change in Family Size (Additions require approval and Removals require verifications of new address):

- I wish to add someone to my household, Name of the Family Member _____
- I wish to remove someone from my household, Name of the Family Member _____

Other Change not Listed: _____

