



**NOTICE OF CHANGE
FORM - HOUSING
CHOICE VOUCHER
PROGRAM**

All changes must be reported in writing and within 10 days of the change. The family must receive written approval from the Housing Authority before anyone is added to the household. A guest may not stay for more than ten days within a 12-month period.

Family Information

Head of Household: _____ Your Name (if different): _____
SSN: _____ Phone Number: _____ Email Address: _____
Caseworker: _____ Date: _____

What change is this? (Failure to report ALL changes can result in loss of housing assistance and/or repayment of overpaid assistance)

- increase/decrease in current income start/stop of income adding/removing member of the household

Income Change

- Employment Child Support Social Security or SSI V.A. Benefits Pension or Annuity Gifts or Contributions
 Unemployment Trust or Retirement TANF Other: _____

Household member: _____ Income source: _____

Describe change: _____

Start date: _____ Stop date: _____ **If you no longer have any income, you MUST fill out a zero income form.**

Household Composition

- | | |
|--|---|
| <input type="checkbox"/> Add an adult to the household
Complete an Add-On Application and schedule an Add-On appointment with your caseworker | <input type="checkbox"/> Add a child to the household
Provide the child's birth certificate and social security card, and fill out a citizenship and a race and ethnicity form |
|--|---|

- Remove a member from the household (**You MUST provide proof of move: new lease, utility bill in their name, etc.**)

Household member: _____ Move out date: _____

Other Change

Household member: _____ Date of change: _____

Describe change: _____

ALL ADULTS IN THE HOUSEHOLD MUST SIGN THE BACK OF THIS FORM



**AUTHORIZATION
For Release and Exchange of Information**

PHA requesting release of information:
Grand Forks Housing Authority
1405 1st Avenue North
Grand Forks, ND 58203
701-746-2545 TDD 711

CONSENT

I authorize and direct the listed persons, agencies or organizations to release and exchange information with Grand Forks Housing Authority, as needed, for the purpose of determining my eligibility, level of benefits and/or continued participation in the Section 8 Housing Assistance Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the Grand Forks Housing Authority to release information from my file about my rental history to HUD, credit bureaus, collection agencies, landlords and other PHAs.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications, inquiries and exchange of information that may be requested, include but are not limited to:

Identity and Marital Status Employment, Income, and Asset Residences and Rental Activity
Medical or Child Care Allowance Credit and Criminal Activity Compliance with Program Requirements Obligations

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and/or continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but is not limited to:

Previous Landlords (including Past and Present Employers Veterans Administration
Public Housing Agencies) Welfare Agencies Retirement Systems
Courts and Post Offices State Unemployment Agencies Banks & other Financial Institutions
Schools and Colleges Social Security Administration Credit Providers and Credit Bureaus
Law Enforcement Agencies Medical and Child Care Providers Utility Companies
Support and Alimony Providers

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or rectification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original or an electronic version of this authorization is on file with PHA and will stay in effect for fifteen months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

By clicking this box I am confirming that I have electronically signed this change of notice form and allow the GFHA to Verify the Change Reported.

SIGNATURES

Head of Household (*Print Name*) *Date*

Spouse (*Print Name*) *Date*

Adult Member (*Print Name*) *Date*

Adult Member (*Print Name*) *Date*

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.