

Public Housing Change Form

PLEASE PRINT



Please complete the entire form. Please put N/A (not applicable) where it does not apply.

Name: _____ SS# _____ - _____ - _____

Phone Number: Home: (____) _____ - _____ Work: (____) _____ - _____ Other: (____) _____ - _____

Current Address: _____ Zip: _____

THA USE ONLY
CLIENT ID# _____
Change Effective Date: _____
Received by: _____
Keyed in by: _____

Dear Applicant or Client:

All changes to your application/certification forms must be made in writing. The following information is needed ONLY if there has been a change in your address, family size, income, current housing situation, etc. If you are a Section 8 or Public Housing resident it is your responsibility according to Section 8 and Public Housing policy, to report all changes in income and family size to the Housing Authority, in person, within fifteen (15) days of the date the change occurred. Failure to do so, could result in the termination of your Section 8 or Public 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.

Check each box if applicable:

- Public Housing** Applicant Client
 My mailing address has changed. My new mailing address is:

_____ City, State Zip

- My family size has changed. My new family size is as follows:

Last Name,	First Name	MI	Relationship	Sex	Age	SS#	Date of Birth	Place of Birth	Race

If you are removing a family member from the household please explain why. _____

- My Total Family Income has changed. My new Total Family Income is (include employment, child support, TANF, Social Security, SSI, retirement, unemployment and any other income):

Former employer: _____ Phone: _____ Last date of work: _____
Address: _____ Rate of Pay: _____ (Hourly)
Reason for leaving employment: _____

New employer: _____ Phone: _____ Hire Date: _____
Address: _____ Rate of Pay: _____ (Hourly)
Hours per week: _____ Paid: (check one) Daily Weekly Bi-Weekly Monthly

Other changes in income: _____
Effective when: _____ Amount: _____
How often: _____ Comments: _____

Are you reporting ZERO Income? YES NO If YES, you must complete a ZERO Income Declaration Form. Please request one from the receptionist.

- My Child Care Provider has changed.

Name of Provider: _____ Phone: _____ Amount Paid: _____
Address: _____ Paid: (check one) Daily Weekly Bi-Weekly Monthly

- My housing situation has changed. My new Housing situation is: (other comments you wish to place in this area)

- Monthly Rent \$ _____ I pay the following utilities:

--

- Are you living in low-rent housing now? Yes No If yes, please tell us where?

--

WARNING: Section 1001 of Title XVIII 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 or Public Housing programs.

Signature: _____

Date: _____

I would like to be added to the following wait list(s) at this time:

MUST CHECK AT LEAST ONE OR MORE PROPERTIES FROM THE LIST OF PROPERTIES BELOW THAT YOU ARE APPLYING FOR:
(You must also be working, in school/job training, elderly or disabled to receive the highest preference for a THA apartment).

PUBLIC HOUSING

- | | | |
|--|---------------------------|--------------------|
| <input type="checkbox"/> ROBLES PARK VILLAGE | 3814 CENTRAL AVENUE 33603 | 1,2,3,4,5 BEDROOMS |
| <input type="checkbox"/> NORTH BLVD. HOMES | 1129 MAIN ST. 33607 | 2,3,4,5 BEDROOMS |

ELDERLY APARTMENTS:

- | | | |
|--|----------------------|-------------------|
| <input type="checkbox"/> J.L. YOUNG APARTMENTS | 8220 N. FLORIDA AVE. | STUDIO,1 BEDROOMS |
| <input type="checkbox"/> BETHUNE HIRISE | 1515 UNION ST. | 1,2 BEDROOMS |

SCATTERED SITES

- | | | |
|---|---------------------------------------|----------------|
| <input type="checkbox"/> SQUIRE VILLA | 5817 N. ROME 33603 | 1 BEDROOMS |
| <input type="checkbox"/> AZEELE APARTMENTS | 2801 AZEELE 33609 | 1,2 BEDROOMS |
| <input type="checkbox"/> BAY CEIA APARTMENTS | 3422 MACDILL AVENUE | 1,2 BEDROOMS |
| <input type="checkbox"/> SOHO APARTMENTS | 212 S HOWARD AVENUE | 1,2 BEDROOMS |
| <input type="checkbox"/> SEMINOLE | 4706 MUSKOGEE CT. 33610 | 1,2,3 BEDROOMS |
| <input type="checkbox"/> AZZARELLI APARTMENTS | 5038 TEMPLE HIGHTS 33617 | 2,3 BEDROOMS |
| <input type="checkbox"/> SCRUGGS MANOR | 11201 N 22 ND AVENUE 33612 | 2,3 BEDROOMS |
| <input type="checkbox"/> ST. LOUIS/ST. CONRAD | 2310 ST. LOUIS 33607 | 3 BEDROOMS |
| <input type="checkbox"/> C. BLYTHE ANDREWS | 2201 E. OSBORNE AVENUE | 3,4,5 BEDROOMS |
| <input type="checkbox"/> THE ARBORS AT PADGETT ESTATES | 4714 S. TRASK AVENUE | 1,2,3 BEDROOMS |
| <input type="checkbox"/> SANCTUARY at JAMES H. SHIMBERG ESTATES | 1314 W SLIGH AVENUE | 1,2 BEDROOMS |

WARNING: Section 1001 of Title XVIII 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 or Public Housing programs.

Signature: _____

Date: _____