



HOUSING AUTHORITY OF BREVARD COUNTY

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

1401 Guava Avenue, Melbourne, FL 32935

Phone (321) 775-1592 * Fax (321) 775-1549

http://www.habc.us

CHIEF
EXECUTIVE
OFFICER

Michael L. Bean

INTERIM CHANGE REPORT FORM

Dear Client:

The following information is needed ONLY if there has been a change in your address, family composition, income, current housing or living arrangements.

If you are a current Section 8 participant, **it is your responsibility to report all changes in family size and income to the Housing Authority, in writing, within ten (10) days of the date the change occurred**, according to your Housing Voucher and Housing Authority of Brevard County's Administration Plan.

Failure to do so could result in the termination of your Section 8 assistance. If the information has not been reported timely, an overpayment may have occurred and you may be required to reimburse the Housing Authority.

PLEASE PRINT and complete entire forms (front and back).

<hr/>	
Client Name	Social Security Number
<hr/>	
Current Address	
<hr/>	
Phone Number	Email Address

Check the box that applies to your Interim Change

INCOME (Please check a box and explain your change below)

- | | | |
|--|---|--|
| <input type="checkbox"/> NEW JOB | <input type="checkbox"/> JOB CHANGE | <input type="checkbox"/> UNEMPLOYMENT |
| <input type="checkbox"/> LOSS OF JOB | <input type="checkbox"/> MORE HOURS | <input type="checkbox"/> CHILD SUPPORT |
| <input type="checkbox"/> LESS HOURS | <input type="checkbox"/> INCREASE/DECREASE IN PAY | <input type="checkbox"/> SSI/SOCIAL SECURITY |
| <input type="checkbox"/> OTHER – CHANGES IN FAMILY INCOME (EXPLAIN): | | |

Use the Employer Income Verification Form if you are reporting: New Job or Loss of Job

If you are reporting Increase/Decrease of Hours/Pay – Submit the Last 6 Paystubs

If your childcare expenses have changed due to change of employment provide updated child care expense



CHILD CARE EXPENSE (Please check a box and explain your change below)

- New Child Care Provider No longer have child care Increase/Decrease in Fees

Provide verification of any Child Care Expense Change

HOUSEHOLD COMPOSITION (Please check a box and explain your change below)

- Request to Add Member Request to Remove Member

Name	Relationship	Sex	Age	Social Security Number	Date of Birth

Please indicate the reason why:

All Household Composition Changes must have Add/Remove Family Request Form completed by Client/Tenant and Landlord.

HABC and the landlord must approve all additions to your household PRIOR to them moving in.

You must also provide HABC with a Social Security card, Birth Certificate, and Section 214 Status Form before they will be added to your household.

WARNING:

Section 1001 of Title XVII of the United States Code makes it a criminal offense to make willful false 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 Housing Voucher Program or Public Housing Program.

CLIENT SIGNATURE

DATE





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Housing Choice Voucher Program

ADD TO/REMOVE FROM FAMILY COMPOSITION

(Please Print)

Client's Name: _____ Recert Month: _____

Social Security #: _____ Phone #: _____

- I would like to add the following individual/family member(s) to my household*
- I would like to remove the following individual/family member(s) from my household*

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Date of Birth: _____ Date of Birth: _____

Social Security #: _____ Social Security #: _____

Purpose/Reason: _____

Income to be added/removed: _____

Address of new residence (if removing person(s)): _____

 Client's Signature

 Date

 Landlord's Signature

 Date

(FORM MUST BE COMPLETED & SIGNED WITH ALL NEEDED DOCUMENTS ATTACHED)

