

INTERIM CHANGE FORM
HOUSING AUTHORITY OF THE TOWN OF GLASTONBURY

OFFICE USE ONLY

Date Information Entered: _____
 Change Rider Sent: Yes No

Head of Household First & Last Name: _____

Current Phone Number: _____

Email Address: _____

CHANGE(S) BEING REPORTED (Please check box(s) and make changes below)

- Change in Household Income Change in Phone Number
 Change in Childcare Expense Other (Describe below in "Other" section)
 Change in Medical Expenses (Elderly 62+ or Disabled Head of Household Only)
 Add or Remove a Member to the Household

Updated Household Income: *List all current sources of income for ALL household members. Must include 2 weeks (1 week bi-weekly) paystubs or letter from employer; unemployment benefit summary; social security award letter; pension disbursement; State of CT award letters*

<u>Family Member Name</u>	<u>Source of Income</u>	<u>Gross Monthly Amount</u>

Add/Remove Family Member: *(must complete a Section 214 and include birth certificate & social security card if less than 18 years old; Over 18 must submit a separate application for approval; Removing a family member must include signed letter from that family member; letter from landlord and proof of change of mailing address)*

<u>Family Member Name</u>	<u>Relation to Head of Household</u>	<u>Sex</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Request</u>
						<input type="checkbox"/> Add <input type="checkbox"/> Remove
						<input type="checkbox"/> Add <input type="checkbox"/> Remove
						<input type="checkbox"/> Add <input type="checkbox"/> Remove

Other: _____

Head of Household's Signature: _____

Date: _____

TENANT USE:

Reason for Change (explain what has changed): _____

OFFICE USE ONLY:

Reason for Change (explain what change was completed): _____

- * I do hereby state that all the information shown on this document and attachments is true and correct. I also understand that no additional household members (except children born to me or adopted) may join my household unless and until the owner of the rental unit and the Housing Authority have approved the additional member in writing. I understand that I have a duty to report within ten days if any member of the household leaves. I understand that false statements or information are grounds for termination of housing assistance. I understand that I will be required to make retroactive payment for overpaid assistance (under paid rent) if I fail to notify the Housing Authority of the changes.
- * I authorize the Housing Authority of the Town of Glastonbury and its staff to contact any agencies, offices, groups or organizations to obtain any information or materials which are deemed necessary to complete or update my certification.

RELEASE FOR INFORMATION:

- * I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to: Identity and Marital Status, Employment, Income and Assets, Residences and Rental Activity, Medical or Child Care Allowances, Credit and Criminal Activity, Previous Landlords/Public Housing Agencies, Past and Present Employers, Veterans Administration, Welfare Agencies, State Unemployment Agencies, Banks/Other Financial Institutions, Law Enforcement Agencies, Schools and Colleges, Social Security Administration, Medical/Child Care Providers, Support/Alimony Providers. I understand that this authorization cannot be used to obtain information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.
- * I understand and agree that HUD or the Housing Authority of the Town of Glastonbury may conduct computer matching programs to verify the information supplied for my application or recertification. I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD or the housing authority may in the course of its duties exchange such automated information with other federal, state or local agencies, including but not limited to those agencies listed in the paragraph above.
- * I understand that the re-evaluation of my income and deductions may result in an increased tenant rent and that when I receive notice of this change, I have the right to appeal if I believe an error has been made. If I want to challenge the new rent, I must request a hearing in writing within ten days.
- * I understand that I must promptly furnish to the Town of Glastonbury Housing Authority any letter or other notice that HUD or the IRS sends to any member of the family concerning family income.

SIGNATURE OF HEAD OF HOUSEHOLD & DATE

SIGNATURE OF OTHER ADULT & DATE

SIGNATURE OF OTHER ADULT & DATE

SIGNATURE OF OTHER ADULT & DATE

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.