



# 10-DAY CHANGE FORM

**DO NOT FAX. YOU MAY EMAIL (NO SCREENSHOTS) TO YOUR COUNSELOR AT YOUR OWN RISK. PHA IS NOT RESPONSIBLE FOR UNDELIVERABLE EMAILS.**

Date: \_\_\_\_\_ Counselor Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*CHANGES TO FAMILY RENT WILL NOT BE PROCESSED UNTIL THIRD PARTY VERIFICATION OF ALL FAMILY INCOME AND COMPOSITION IS VERIFIED. PHA HAS 10 BUSINESS DAYS TO PROCESS COMPLETE CHANGE FORMS*

- *Attach the required documents to this form*
- *Place your initials next to each line verifying that the documentation is attached*
- *Must be submitted by the 20<sup>th</sup> of the month to be effective the following month*

**NEW/ADDITIONAL EMPLOYMENT:** I have attached a letter from my new employer on company letterhead stating the date of hire. \_\_\_\_\_ *(Complete Income Verification Form)*

**TERMINATION OF EMPLOYMENT:** I have attached a letter from my employer on company letterhead stating the date employment ended. \_\_\_\_\_ *(Complete Income Verification Form)*

**DECREASE IN INCOME/WAGES:** I have attached a letter from my employer on company letterhead stating the date and amount of the reduction in wage and/or a copy of my reduced paycheck. \_\_\_\_\_ *(Complete Income Verification Form)*

**INCREASE IN INCOME/WAGES:** I have attached a copy of my paycheck reflecting my increased wage. \_\_\_\_\_ *(Complete Income or Fixed Income Verification Form)*

**UNEMPLOYMENT BENEFITS:** I have attached a letter from the Texas Workforce Commission. \_\_\_\_\_

**CHILD SUPPORT:** I have attached printout from the Child Support Office showing payments made for the last six months. \_\_\_\_\_ *(Complete Fixed Income Verification Form)*

**CHILD CARE:** I have attached a notarized statement from my childcare provider or payment ledger of my childcare center stating: a) number of hours per week child is being cared for and b) weekly rate of care. \_\_\_\_\_ *(Complete Child Care Verification Form)*

**ZERO INCOME:** I have attached and completed a Non-Income Affidavit. \_\_\_\_\_

**ADDING AN CHILD/ ADULT:** I have attached copies of a) photo ID, b) Social Security Card, c) Birth Certificate, d) HUD 9886, e) Declaration 214 form & f) guardianship papers and/ or court documents. \_\_\_\_\_

**REMOVING A CHILD/ADULT:** I have attached three of the following documents showing person lives elsewhere: signed lease, utility/other bills, pay stubs, court papers, or statements from other government/social service agencies.  
\*\*\*\*\*

**OFFICE USE ONLY:**

\_\_\_\_\_ ; All necessary documentation attached.

\_\_\_\_\_ ; Interim cannot be processed due to the following missing documentation: \_\_\_\_\_

Counselor Initials: \_\_\_\_\_

Date: \_\_\_\_\_

*If you or anyone in your family is a person with disabilities and require a specific accommodation in order to fully utilize our programs and services, please contact our Compliance Department at 972-423- 4928*

**CHANGE IN INCOME:** *If you are reporting you are currently unemployed, complete the Past Employer information only.*

**PRESENT/NEW EMPLOYER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_ WAGES: \_\_\_\_\_ HOURLY WEEKLY BI-WEEKLY MONTHLY

NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_\_

**PAST EMPLOYER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

LAST DAY OF EMPLOYMENT: \_\_\_\_\_ WAGES: \_\_\_\_\_ HOURLY WEEKLY BI-WEEKLY MONTHLY

HOURS WORKED PER WEEK: \_\_\_\_\_

**OTHER SOURCES OF INCOME:**

LIST ALL OTHER SOURCES OF INCOME IN YOUR HOUSEHOLD AT THIS TIME:

|                               |              |
|-------------------------------|--------------|
| <u>      </u> SOCIAL SECURITY | AMOUNT _____ |
| <u>      </u> CHILD SUPPORT   | AMOUNT _____ |
| <u>      </u> UNEMPLOYMENT    | AMOUNT _____ |
| <u>      </u> TANF            | AMOUNT _____ |
| <u>      </u> OTHER _____     | AMOUNT _____ |

       **CHILD CARE EXPENSES:** *(COMPLETE CHILD CARE VERIFICATION FORM)*

CHILD CARE PROVIDER NAME: \_\_\_\_\_

PROVIDER PHONE: \_\_\_\_\_ AMOUNT PAID PER WEEK: \_\_\_\_\_

       **CHANGE IN FAMILY COMPOSITION:**

       Addition to Family

       Delete Family Member

| Name | SSN# | DOB | Relationship |
|------|------|-----|--------------|
| .    |      |     |              |
| .    |      |     |              |

**WARNING:** *Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date:

Revised 03/2018

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