



10-DAY CHANGE FORM

**** All changes must be reported within 10 calendar days from the action taking place****

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

Date: _____

Name: _____ Head of Household _____

Address: _____ City and Zip Code _____

Phone Number: _____ Email: _____

*CHANGES WILL NOT BE PROCESSED UNTIL VERIFICATION OF SUBMITTED COMPLETE CHANGE FORM IS VERIFIED.
PHA HAS 10 BUSINESS DAYS TO PROCESS COMPLETE CHANGE FORMS*

- *Incomplete changes will not be processed and returned to the head of household*
- *Attach supportive documents to this form*
- *Place your initials next to each line reflecting the type of change & verifying all forms provided*
- *Complete decreases must be submitted no later than the 20th of the month to be effective the following month*

____ **NEW/ADDITIONAL EMPLOYMENT:** *(Complete Income Verification Form)*

____ **TERMINATION OF EMPLOYMENT:** *(Complete Income Verification Form)*

____ **DECREASE IN FIXED INCOME:** *(Complete Fixed Income Verification Form)*

____ **DECREASE IN EARNED INCOME/WAGES:** *(Complete Income Verification Form)*

____ **INCREASE IN FIXED INCOME:** *(Complete Fixed Income Verification Form)*

____ **INCREASE IN EARNED INCOME/ WAGES:** *(Complete Income Verification Form)*

____ **UNEMPLOYMENT BENEFITS:** *(Complete Fixed Income Verification Form)*

____ **CHILD SUPPORT:** *(Complete Fixed Income Verification Form)*

____ **CHILD CARE:** *(Complete Child Care Verification Form)*

____ **ZERO INCOME:** *(Complete Zero Income Statement Form)*

____ **ADDING A 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

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:

___ SOCIAL SECURITY	AMOUNT _____
___ CHILD SUPPORT	AMOUNT _____
___ UNEMPLOYMENT	AMOUNT _____
___ TANF	AMOUNT _____
___ 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 12/30/2019

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