

TO: HOUSING AUTHORITY OF THE CITY OF OGDEN
 CHANGE FORM (50058 Update) (Eff: 09/01/2008)
 FAX: (801) 627-6012 PLEASE PRINT CLEARLY



*****CURRENT PARTICIPANTS ONLY*****

FROM:

YOUR NAME: _____ Social Security Number: _____ - _____ - _____

PLEASE CHECK ALL INFORMATION BELOW THAT YOU WISH TO REPORT:

- I am reporting an increase or new income. Date new income started:
IF YOU ADDED OR INCREASED INCOME, ASK THE FRONT DESK FOR AN INCOME VERIFICATION FORM

Family Member Name	Type of Income (Wages, SSI, Child Support, etc.) and Company or Agency Name	Phone Number of Company/ Income Source	\$Amount and Rate of Pay Annual, Monthly, Hourly

- I want to add the following persons to my household effective _____
 Is this change permanent? _____ or temporary? _____

New Adult Family Members may not reside in the unit until they have cleared screening.

Complete the following for new or proposed members, then ask the front desk for the forms required.

	LAST NAME	FIRST NAME	Init	Relationship (Spouse, Daughter, etc.)	SEX (F or M)	Is this person DISABLED? (Yes or No)	Social Security Number	Date of Birth	Place of Birth
1									
2									

- Please remove the following person(s) from my household: Date of change: _____
 Which family member? _____ and Why? _____
- I am **elderly or a person with a disability** and I have a change in medical expenses beyond what insurance or Medicare covers? **Ask the front desk for a medical worksheet.**
- I have a change in child care expenses: **Ask the front desk for a child care verification form.**
- My family has had a change in assets? If so, state the nature of the change and the type of asset.

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Please reduce my rent. My family has had a decrease in income or hours worked. Please state the change:

Date Income Stopped: _____ Date Last Check You Will Receive: _____

Will anyone help you pay for any of the following items for any household member over the next year:

Assistance by any other agency or person for any of these items on a regular basis (over once a year) is considered income. You must respond to each item:

Monthly Expense	No	Yes	N/A	If yes, who helps you?	\$ Monthly Amount of Help You Receive
Rent					
Utilities					
Cable/Satellite TV					
Renters Insurance					
Groceries					
Life Insurance					
Cleaning Supplies					
Paper Products					
Clothing, Shoes, etc.					
Laundry					
Dry Cleaning					
Grooming/ Haircuts					
Car Payment					
Car Insurance					
Gasoline					
Licenses, Taxes					
Car repairs/tires					
Home Phone					
Cell Phone					
Internet connection					
Medical/Dental					
Prescriptions					
Glasses/contacts					
Life Lines					
Club or Team Dues/ Memberships					
Subscriptions					
Cigarettes					
Video Rentals					
Child Care/ Babysitting					
Dance/ Music lessons					
Allowances					
School/Book Costs					

OTHER CHANGES YOU WISH TO REPORT: _____

The Housing Authority of the City of Ogden (OHA) shall not discriminate against anyone because of race, color, sex, religion, familial status, disability, national origin, marital status, source of income or sexual orientation in providing housing assistance. Information regarding race or ethnicity is for statistical information only. Information provided to OHA will be kept confidential and used solely to determine housing eligibility and unit type.

Please be advised that results of criminal screening (which may include FBI checks) may be grounds for denial of housing assistance.



PARTICIPANT CERTIFICATION

REQUIREMENT TO UPDATE AND COOPERATE: I understand that I am required to report all income and any changes in income, family composition and contact information (address, phone) **in writing**. I understand that I am required to supply all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completion and execution of all required forms and releases. I understand that failure to cooperate or provide correct information may lead to either delays or denials of assistance.

AUTHORIZATION TO VERIFY INFORMATION: I understand that all information on this application may be verified by the agency. I hereby authorize OHA to contact other government agencies, law enforcement agencies, employers, financial institutions, credit agencies and other sources of income to verify information regarding my income and/or family composition, reported or not. I hereby authorize persons contacted to provide required information and hold those agencies harmless for information provided.

AUTHORIZATION TO VERIFY CRIMINAL BACKGROUND: I hereby authorize OHA to contact any federal, state or local law enforcement agency to verify my criminal activity or background and give my consent to all legal jurisdictions to release any and all information relating to my criminal background or lack thereof. I hereby hold those agencies harmless for information provided.

AGREEMENT TO NON-DUPLICATE ASSISTANCE: I certify that if afforded housing assistance, the assigned housing will be my principal residence and I will not obtain duplicate Federal housing assistance while I am on a program operated by OHA.

INFORMATION SUPPLIED IS TRUE AND COMPLETE/SHARING OF INFORMATION: I certify that all the information provided on this form is accurate and complete to the best of my knowledge. I have reviewed this form and certify by my signature below that the information shown is true and correct. I understand that this information may be shared with other government agencies. I understand that this form is not a contract and does not bind either party.

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

PLEASE NOTE: All Adult Members of the Family on this application must read the Certification above and sign below - :

By my signature below, I acknowledge that I have read and understand the certifications above:

----- Head of Household Signature	----- Date	----- Spouse or Other Adult Signature	----- Date
----- Adult Family Member Signature	----- Date	----- Adult Family Member Signature	----- Date
----- Adult Family Member Signature	----- Date	----- Adult Family Member Signature	----- Date

Phone Number Where you may be Reached: Home: _____ Cell: _____
 Work: _____ Message: _____

Failure to report all income or any change in your family composition, income or assets in writing within 15 days of the date of the change may be cause for you to be terminated or denied housing.