

CHANGE OF CIRCUMSTANCE

ALL CHANGES REQUIRED TO BE SUBMITTED ON OR BEFORE THE 20TH OF EACH MONTH

Name _____ Social Security # _____
Address _____
Date _____ Phone _____

CHECK IF THEY APPLY TO YOUR CURRENT SITUATION

- Change in **family composition.** Change in **family income.**

If you are reporting an addition to your household, please provide us with a social security card and birth certificate. If the additional person has an income please indicate.

1. Are you adding or deleting a person on your lease? Please state name, birth date, birthplace and Social Security Number below. If adding an unrelated adult, you will have to provide proof of Stable Family Relationship.

2. Change of income, check those that apply to your current situation.

Are you or any member in your household currently working? If so, give name of Family member, Employer and Employers mailing address on the back of this form.

If you are working and are having to pay for a babysitter please provide the name, address and phone number of the individual.

Are you receiving Unemployment (UC) benefits? If so we will need a printout from the unemployment office. If you are not, then we will need a statement from the unemployment office stating that you are ineligible.

Are you currently receiving Public Assistance, if so list amount on back of this form.

Are you receiving Social Security or SSI benefits? If so then you must bring us a copy of your Award letter from the Social Security office.

Reporting that household members are not receiving any income of any kind.

Other _____

Additional information you would like to note

List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, rental property income, stock dividends, income from bank accounts, alimony, and any other sources:

HOUSEHOLD MEMBER	EMPLOYER NAME & MAILING ADDRESS	WELFARE	CHILD SUPPORT	SS OR SSI	UC BENEFIT AMOUNT

CERTIFICATION

I/We certify that the information given to the Housing Authority of the County of Umatilla, Oregon on household composition, income, net family assets, allowance and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature: _____
Tenant

_____ Date

Signature: _____
Co-Tenant

_____ Date

Signature: _____
Other Adult

_____ Date

Signature: _____
Other Adult

_____ Date