

### Tenant Change in Household Information

210 Premier Drive (Jasper DETCOG Office) - Jasper, Texas 75951 (409/384-5704)

NAME: \_\_\_\_\_ SS# \_\_\_\_\_

**CHECK THE APPROPRIATE AREA YOU WISH TO REPORT:**

\_\_\_\_\_ New job and/or change in job

\_\_\_\_\_ Family income has decreased

\_\_\_\_\_ Family income has increased

\*\*\*\*\*

\_\_\_\_\_ Add and/or change childcare expense

\_\_\_\_\_ Add New Household Member (attach social security card & birth certificate) -- Check item that applies:

\_\_\_ Birth\* \_\_\_ Adoption\* \_\_\_ Court Awarded Custody\* \_\_\_ CPS Placement\*

\_\_\_ Other (must be approved by Housing Director)

\_\_\_\_\_ Add and/or change medical/disability expense \*

\_\_\_\_\_ Full-time student/member 18+ in college/vocational training, etc.\*

\_\_\_\_\_ Add Zero Income Questionnaire (ZIQ)\*

\_\_\_\_\_ I certify, signature below, I no longer need rental assistance\*

\* Case Manager Section

**UPDATE MY MAILING ADDRESS AND/OR TELEPHONE #:**

New Address \_\_\_\_\_ City/State \_\_\_\_\_

New Home Telephone# \_\_\_\_\_ New Cell # \_\_\_\_\_

**CERTIFICATION:** By my signature below, as a participant in the Section 8 Housing Choice Voucher Program, I certify this change is true and correct.

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY PHA STAFF**

Date Received by Reviewer: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Change Effective Date: \_\_\_\_\_

Housing Staff: \_\_\_\_\_ Date \_\_\_\_\_