

## PUBLIC HOUSING PROGRAM INTERIM CHANGE FORM

TO BE COMPLETED BY CURRENT RESIDENTS ONLY

**Please continue to pay your current tenant rent portion until you receive written notice from SRHA advising you of a change in your portion of rent.**

Please complete all sections of this form and ANSWER all questions. DO NOT leave any questions blank. If a question does not apply write "N/A". If you do not understand a question, you may ask for an explanation during your interview or have someone else explain it to you.

**WARNING: Making false statements on this document is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION.**

Head of Household \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Home Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_

### [    ] REPORTING CHANGE OF HOUSEHOLD MEMBERS

**I desire to ADD the following persons(s).**

- A criminal background check is required for all persons 18 years and older prior to being added to the household. The criminal history must be acceptable according to SRHA's Occupancy Standards.
- Birth Certificates, Social Security Cards and Government Issued Pictured ID's are required.
- A 214 Declaration must be completed for all added family members

Name	Relation to Head	Age	Social Security #

**I desire to remove the following person(s)**

- Statement is required to verify that household member will no longer contribute income to household. (if applicable)

Name	Relation to Head	Age	Social Security #

[ ] **REPORTING A CHANGE IN HOUSEHOLD INCOME**

**\*Previous Income Source (Family Member \_\_\_\_\_)**

Name of Agency/Provider: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Suite # \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**\*New Income Source**

Name of Agency/Provider: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Suite # \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**\*Previous Income Source (Family Member \_\_\_\_\_)**

Name of Agency/Provider: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Suite # \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**\*New Income Source**

Name of Agency/Provider: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Suite # \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**The information above is true to the best of my knowledge and I am aware that any false statements will be grounds for termination from the program.**

**WARNING** Title 18, Section 1001 of the United States Code states that a person is **GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS** to any department or agency of the United States. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-head

\_\_\_\_\_  
Date

SRHA STAFF Initials \_\_\_\_\_



## SECTION VII – CERTIFICATION OF THE FAMILY

I/We hereby certify under penalty of perjury that all the information contained in this document is true and correct. **I understand that ALL changes in the income of ANY member of the household must be reported to the Suffolk Redevelopment and Housing Authority in writing within 10 days of occurrence.** Also the Housing Authority **MUST APPROVE ANY** additional household members. The head of household must request **in writing** to add or to remove any member. Failure to comply with the rules and regulations may result in termination from the program and criminal prosecution.

**I/We have received, read and understood a copy of the Things You Should Know form. I/We hereby certify that I/we understand my/our responsibilities to the Suffolk Redevelopment and Housing Authority and I/we further acknowledge that my/our housing assistance may be terminated and/or face criminal prosecution if I/we violate them.**

I/We hereby certify that the above referenced statement have been explained and/or translated to me by a reliable source and/or by my housing specialist.

Received Above Statements in: ENGLISH\_\_\_\_\_, SPANISH\_\_\_\_\_, Other (specify)\_\_\_\_\_

**Initials**                      **Initials**                      **Initials**

**CERTIFICATION:** The Suffolk Redevelopment and Housing Authority does not discriminate against any person on the basis of race, color, sex, religion, national origin, age, familial status, or handicap. If you believe you have been discriminate against, the Fair Housing and Equal Opportunity toll free line is 1-800-424-8590.