



South Metro Housing Options

**ALYSON COURT/BRADLEY HOUSE/AMITY PLAZA/FAMILY HOUSING**  
**CHANGE IN CIRCUMSTANCE PACKET**

When reporting any changes in circumstance, please note that you must provide:

- The completed Change of Circumstance form (**attached**)
- The signed/dated release of information (**attached**)
- Additional verifications/documentation depending on the change (see below)

<b>My change is....</b>	<b>Then provide.....</b>
Loss of Employment	✓ Provide a letter from your employer stating the last day of employment
New Employment	✓ Provide a letter from your employer stating the date your employment will begin, your hourly wage and the average number of hours you will work per week
Pay Raise	✓ Provide a letter from your employer stating the date your raise is effective, the new hourly wage and the average number of hours you work per week
Child Support	✓ Provide a printout from Family Support Registry (or Court Order) for last 12 months
TANF / OAP / AND / SS / SSI / SSDI	✓ Provide a printout from provider of current benefit amount
Student Status	✓ Letter from registrar for full or part time enrollment ✓ Verification of all financial aid
Medical/Child Care Expense	✓ Provide a printout from provider of current expense amount
Removing household member (adult)	✓ Death Certificate (as necessary) ✓ Notarized letter from person leaving household
Removing household member (minor)	✓ Provide name of child
Adding household member (adult)	✓ Birth Certificate ✓ Social Security card ✓ Driver License or State ID ✓ 5 years of Landlord references
Adding household member (minor)	✓ Birth Certificate ✓ Social Security card





# CHANGE IN CIRCUMSTANCE

HOH NAME: \_\_\_\_\_ TENANT REPORTING NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DATE REPORTED TO OFFICE CHANGE: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

**YOUR CHANGE REPORT WILL NOT BE CONSIDERED COMPLETE UNTIL ALL REQUESTED INFORMATION IS PROVIDED.**

(Check all that apply)

### Change in Household Composition

- Loss of Household Member – Name of Member \_\_\_\_\_
- Addition of Household Member – Name of Member \_\_\_\_\_

### Decrease in Income

- Decreased regular and/or overtime hours at work \_\_\_\_\_
- Laid off: Who \_\_\_\_\_ Date: \_\_\_\_\_
- Loss of employment: \_\_\_\_\_
- Decreased or loss of Child Support: \$ \_\_\_\_\_, Date: \_\_\_\_\_
- Decreased or loss of Social Security or supplemental Social Security benefits \_\_\_\_\_
- Decreased or loss of Unemployment Benefits: \_\_\_\_\_
- Decreased or loss of Public Assistance Benefits from DDHS (TANF, OAP, AND, AB, etc...) \_\_\_\_\_
- Decreased or loss of Other Income (Example: VA Pension, Workmen’s Comp., Alimony, etc....)  
(Please specify source) \_\_\_\_\_

### Increase in Income

- Increase in regular and/or overtime hours at work, Hours: \_\_\_\_\_, Starting: \_\_\_\_\_
- Increase in pay rate at work: \$ \_\_\_\_\_, Date starting: \_\_\_\_\_
- Recalled to work after being laid off: \_\_\_\_\_
- Started new or another job: \_\_\_\_\_
- Increased or began receiving Child Support: \_\_\_\_\_
- Increased or began receiving Social Security or supplemental Social Security benefits: \_\_\_\_\_
- Increased or began receiving Unemployment Benefits: \_\_\_\_\_
- Increased or began receiving Public Assistance Benefits from DDHS (TANF, OAP, AND, AB, etc...) \_\_\_\_\_
- Increased or began receiving Other Income (Example: VA Pension, Workmen’s Comp., Alimony, etc....)  
(Please specify source) \_\_\_\_\_

### Change in Allowances

- Medical Expense       Child Care Expense       Student Status

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Signature

\_\_\_\_\_  
Date

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any other (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)\*\*: 6/29/2007

