## Housing Choice Voucher- Report of Change

- All changes must be reported within 30 calendar days of their occurrence
- Only complete the sections of the form that describe the changes you are reporting
- Attach proof of all changes reported

Change in Household Composition									
Family Member Name			Date of Birth	f Social Security Number		ate of nange	Relationship to Head of Household	Race/ Ethnicity	
								/	
								/	
Explanation of change:									
Change in Household Income PICK ONE ONLY is your change a New, Increase or Decrease income									
Family Member Name	New	/	Amount of	unt of Amount of Type of		f Inco	me Source	Date of	
		me ount	Increase	ase Decrease Incom		e Add	ress	Change	
Explanation of change:									
Other Changes									
Type of Change								Date of Change	5
Explanation of Change:									
I certify that all the information submitted on this personal declaration is true and complete to the best of my knowledge. I understand that providing false information or failing to provide information necessary to determine my rental subsidy is grounds for termination or denial of assistance and/or could lead to a debt with Saint Joseph County Housing Authority.									
Head of Household's Name									
Signature				Date		Telep	hone #		

WARNING: Title 18, Section 1001 of the Unites States Code, states that a person is guilty of a felony for knowingly and willing making false or fraudulent statements on any documents or to any agency of the United States.

