



Scottsdale Housing Agency
 Paiute Neighborhood Center
 6535 E. Osborn Rd., Bldg. 8
 Scottsdale, AZ 85251

Phone 480-312-7717
Fax 480-312-7761
TDD 480-312-7411
Web www.ScottsdaleAZ.gov search "HCV"
PHA STAFF Form reviewed and taken by: _____

CHANGE REPORT (All changes must be reported within 10 days.) Date: _____

Head of Household: _____ Social Security: xxx-xx- _____

Full Home Address: _____

Mobile #: _____ Home #: _____

Email Address: _____

Are you in the Family Self-Sufficiency (FSS) Program ? Yes No

All changes reported on or before the 20th day of the month...	will be effective the 1st day of the following month.
All changes reported after the 20th day of the month...	will be effective the 1st day of the month, following a 30 day period.

DESCRIPTION OF CHANGE

INCOME CHANGES

INCREASE IN INCOME:

- You will be required to fill out an **Employment Verification Form.**
- You will be required to provide **2 Current Paystubs.**
- Or provide other documentation.

Family Member	Employer Name or Source of Income (SS, SSI, TANF)	Employer's Mailing Address Or Source of income Mailing Address	Phone # / Email	Hourly or Monthly Amount	Hrs/ Week	Start Date

DECREASE IN INCOME:

- You will be required to fill out an **Employment Termination Form.**
- If reporting employment termination, are you:

Applying for Unemployment **Receiving Unemployment** **Neither**

Family Member	Employer Name or Source of Income (SS, SSI, TANF)	Employer's Mailing Address Or Source of income Mailing Address	Phone # / Email	Hourly or Monthly Amount	Hrs/ Week	Start Date & End Date



FAMILY COMPOSITION CHANGES

ADDING MEMBERS TO HOUSEHOLD

- All additions to household must be approved in writing by the Landlord and PHA.
- Any changes to assets for any household member? Yes No

Family Member	Relationship	Date of Birth	Sex	Social Security #	Employer Name or Source of Income (SS, SSI, TANF)

REMOVING MEMBERS FROM HOUSEHOLD

Family Member	Relationship	Date of Birth	Sex	Social Security #	Employer Name or Source of Income (SS, SSI, TANF)

CHILD CARE EXPENSES

PURPOSE FOR CHILD CARE? To work To attend school

Name of Provider	Provider Address	Phone #	Children Cared for	Amount Paid Weekly

FULL-TIME STUDENT STATUS

- You will be required to complete an **Education Verification Form**,
- You will be required to provide **Unofficial Grade Transcripts** for the previous 12 months at the annual reexam.
- If you drop out of full time status, you are required to complete a new change report.

Family Member	Name of Institution	Institution Address	Phone #	Full time / Part Time / Not Enrolled

I CERTIFY BY MY SIGNATURE THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE. I FURTHER UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR DENIAL AND/OR TERMINATION OF MY FAMILY'S HOUSING ASSISTANCE.

Print Name

Signature

Date

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.