

NOTIFICATION OF CHANGE

Housing Assistance Specialist (Please Circle): **Brian** Eric Sharron Kara Tami

_____ I am dropping off paperwork requested by my worker—**Complete Section 1**

_____ I am reporting a change or have a question. (Check one of the options below)—**Complete Section 1 and 2**
 INCOME HOUSEHOLD COMPOSITION BOTH QUESTIONS

_____ I REQUESTED AN APPOINTMENT TO DISCUSS THIS ITEM: APPT DATE AND TIME _____

Section 1: PARTICIPANT INFORMATION (Please Print)

Head of Household (HOH): _____ HOH SSN: _____

Phone: _____ EMAIL ADDRESS: _____

Section 2: INFORMATION REQUIRED FOR A CHANGE:

- You will be required to provide proof of the change.
- Attach proof of the change to this form. Failure to provide proof of the changes will delay processing.

Please explain:

I understand that I must notify the CDA **in writing** of any changes in income within 5 days of the change. I understand that for an interim increase in rent portion I will have a 30-day notice if I have reported in the required time frame. I understand that if I add an additional person and it results in an increase income, the rent will change effective the first of the month after the person moves into the unit. I understand that for an interim decrease in rent portion, the decrease must be of at least 30-day duration and the interim decrease will commence the 1st of the month after a 21-day verification period. The 21-day verification period starts on whichever is later:

- 1) The written notification to the CDA from the participant
OR
- 2) The date of the final income or payment received.

I certify that the information that I am supplying is true, complete and accurate. I understand that failure to supply true, complete and accurate information or verifications of the change may result in the termination of my rental assistance or a delay in processing my request. I certify that I have reported all income changes for all family members. I certify that all circumstances of family members, other than those listed below, are the same as reported at my last recertification date.

PARTICIPANT SIGNATURE

DATE

OFFICE USE:

Received by: _____
DATE STAMP:

GIVE PARTICIPANT COPY

HOUSING ASSISTANCE SPECIALIST:

There will not be a rent change because: _____

There will be a rent change scheduled for: _____ (Month/Year)

Housing Assistance Specialist

Date

Updated: 5/01/2023