



Phone 931.647.2303
 Fax 931.647.3785

REPORT OF CHANGE

Clarksville Housing Authority
 721 Richardson Street
 P. O. Box 603
 Clarksville, TN 37041

Important: Income and household changes must be reported within 10 days of the change. If you report changes late or not at all, you could owe CHA money or risk losing your housing assistance.

The following information is subject to verification and documentation. **The change will not be processed until all information is received and approved.**

Name _____ Date _____
 Social Security # _____ Address _____
 Phone # _____ Contact # _____

INCOME

Change in Income: Increase <input type="checkbox"/> Decrease <input type="checkbox"/> N/A <input type="checkbox"/>		Date of Change: _____
Started working: Where _____	Date started: _____	
Stop working: Where _____	Date stopped: _____	
Other income: Source _____	When did it start/stop: _____	

Increases – Provide Name and Address of Employer - Verification from employment– 4 Check Stubs
 SSA/SSI - Award letter **Child Support** – Case Number/ID Number **Unemployment** –Letter or Print-out

Decreases - NO RENT DEDUCTION will be made until verification is provided (separation, termination, lay-off slip, etc.)

Current Income: What income will be in household after the change? Please list type and amount:

All income subject to verification

- | | |
|---|--|
| <input type="checkbox"/> Employment \$ _____ | <input type="checkbox"/> DHS/Families First/AFDC \$ _____ |
| <input type="checkbox"/> Social Security/SSI \$ _____ | <input type="checkbox"/> Employment Security (unemployment) \$ _____ |
| <input type="checkbox"/> Income Pensions and Annuities \$ _____ | <input type="checkbox"/> Workman's Comp \$ _____ |
| <input type="checkbox"/> Child Support \$ _____ | <input type="checkbox"/> Student Status \$ _____ |
| <input type="checkbox"/> Food Stamps _____ | <input type="checkbox"/> Zero (must fill out zero income statement) |
| <input type="checkbox"/> Self-Employed _____ | <input type="checkbox"/> Other \$ _____ |

Zero Income Only Complete This Section If You have Zero Income

DO NOT LEAVE BLANK

Type of Cost	\$ Monthly Expenses	Who pays for these expenses List name of Friend or Relative or Organization NOT YOURSELF
Food		
Rent		
Electricity		
Cell Phone		
House Phone		
Cable		
Cleaning, Grooming, & Paper Products		
Transportation		
Entertainment		
Clothing		
Smoking		
Loans		
Misc.		
Total Family Support		

CHA STAFF _____
 Revised 2/28/14

DATE STAMP _____

CHANGES IN HOUSEHOLD MEMBERS: Fill out this section if you have household changes to report.

Name _____ Add Remove N/A

When did change occur? _____ Reason for Change _____

Forwarding Address of Removed Person: _____
*Persons 18 years or older must come into the office to take their name off the lease

**Newborn – Social Security Cards – Birth Certificates – Declaration of Citizenship
**18 yrs and older – Police Background Checks and CHA approval

CHANGES IN CHILDCARE:

Increase Decrease I am no longer paying child care. N/A

Old Amount: \$ _____ Date of Change _____

New Amount \$ _____ Date of Change _____

Providers Name and Address: _____

Phone _____

Receipts must be furnished

MEDICAL EXPENSES CHANGES: Only applies if HOH or Spouse is at least 62 years of age or disabled. N/A

- Medical Insurance Premiums Long Term Care Insurance Out of Pocket Prescription Expenses
- Past Due Medical Bills Other Anticipated Medical Bills

1. If any member of the house hold is disabled or handicapped, please list: _____

2. Does any disabled or handicapped person in household need a caretaker, live in aide, or special equipment. _____

Yes No

a. If yes, who and what special needs or equipment is needed? _____

3. If the head or spouse is elderly or disabled, has there been a change in medical expense? Yes No

a. If yes, enter the name of the family member who has had the change in medical expenses: _____

4. If a family member is disabled, has there been a change in disability assistance expenses? Yes No

a. If yes, enter the name of the family member who had the change in disability assistance expenses: _____

5. If the family has added a new member or members are they disabled? Yes No If yes, enter the name of the family Member (s): _____

Certification of Accuracy

I hereby, swear and attest that all of the above information is true and complete. I understand that providing false information or failing to provide information necessary to determining my rental subsidy is grounds for termination or denial of assistance and/or could lead to a debt with the Clarksville Housing Authority.

I also understand that I must request, in writing, approval from the Clarksville Housing Authority before any new members may be added to the household.

**Tennessee Code Annotated
Title 39 Criminal Offenses**

39 - 14 - 104. Theft of services [Effective November 1, 1989]

A person commits theft of services who:

- (1) Intentionally obtains services by deception. Fraud, coercion, false pretense or any other means to avoid payment for services:
- (2) Having control over the disposition of services to others knowingly diverts those services to the person's own benefit or to the benefit of another not entitled thereto: or
- (3) Knowingly absconds from establishments where compensation for services is ordinarily paid immediately upon the rendering of them, including, but not limited to, hotels, motels, and restaurants, without payment or a bona fide offer to pay. [Acts 1989, ch. 591, Section 1.]

I/We certify that the information given to The Clarksville Housing Authority, on family composition, and characteristics, drug and criminal activity, income, assets, and expenses is accurate and complete. I/We understand that false statements or information are punishable under Federal law, Section 1001 of Title 18 of the U.S. Federal Code. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll -Free Hot line at 800-424-8590. (Within the Washington, DC Metropolitan Area, call 426-3500.)

After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

I HAVE READ AND UNDERSTAND THIS REPORT OF CHANGE.

Signature of Head _____ Date _____

Signature of Co-Head _____ Date _____

Signature of Other Adult _____ Date _____

CHA Representative _____ Date _____

The Clarksville Housing Authority

P.O. Box 603 · Clarksville, TN 37041-0603

Phone 931/647-2303 Fax 931/647-3785

Household Member: _____

EMPLOYER INFORMATION

Name of Employer: _____

Address of Employer: _____

Phone Number of Employer: _____

Fax Number of Employer: _____

Contact Name: _____

CHILD SUPPORT INFORMATION

Tennessee Child Support Case
Number: _____

If there is a case through child support division, please provide the case number. If you do not know it, call the child support office to get this information. It is required.