

POLICY AND PROCEDURE FOR REPORTING CHANGES

1. FAMILIES ARE REQUIRED TO REPORT ANY CHANGES IN HOUSEHOLD COMPOSITION/ INCOME WITHIN 10 BUSINESS DAYS OF THE CHANGE.
2. FAMILIES MUST SUBMIT A WRITTEN REQUEST TO THE PHA TO ADD A PERSON TO THE HOUSEHOLD. FAMILIES MUST RECEIVE APPROVAL FROM THE PHA PRIOR TO ADDING A PERSON TO THE HOUSEHOLD.
3. FAMILIES MAY REPORT CHANGES IN INCOME, ASSETS, AND ALLOWABLE DEDUCTIONS AT ANY TIME FOR REVIEW.
4. THE PHA WILL NOTIFY YOU IN WRITING IF YOU ARE REQUIRED TO REPORT ANY CHANGES IN ADDITION TO CHANGES IN YOUR HOUSEHOLD COMPOSITION.

Changes that may cause a decrease in your tenant rent must be reported by the 25th of the month in order to take effect the following month. If you fail to provide the information required to document the change it will delay the PHA's ability to timely review and process the information you have reported. When you report a change, or request to add someone to your household, you must provide information to document the change or request. If you are unable to obtain documentation from a past employer, the PHA will accept a self-certification statement to verify loss of employment. You must include in your certification a statement of attempts made to obtain verification from your past employer. Acceptable types of documentation include, but are not limited to:

INCOME

- If paid weekly four(4) most current, consecutive pay stubs, paid bi-weekly two (2) most current consecutive paystubs, or a letter from your employer (on letterhead) reporting your date of hire, rate of pay, how often you are paid, and how many hours you will work each pay period. Letter from employer indicating last day of employment.
- A print-out from the child support office containing twelve (12) full months.
- An award letter from the Social Security Administration not dated older than 60 days.
- A letter from a social service agency documenting the amount of benefit and frequency you receive it, and effective date.

ALLOWABLE DEDUCTIONS (if applicable)

- A letter from your child care provider that states the name(s) of the child(ren) for whom you pay child care, the amount you pay, and the frequency you pay. The service provider must certify that you are not being reimbursed by another party for the expense
- A print out from your pharmacy showing the amount of unreimbursed out-of-pocket expense you have paid for prescriptions. The report should show your expense history for the past year.
- A repayment agreement from a medical service provider that documents the total out-of-pocket expense you have incurred, the amount you have agreed to repay, and the frequency of payments (i.e. \$25 per month until paid in full)

TO REMOVE A HOUSEHOLD MEMBER

- A signed and dated statement from the adult leaving the household reporting their last day in the home with proof of their new residence (i.e. lease agreement, ID, pay stub showing new address)
- Court documents confirming a minor has been removed from the household
- A head of household can provide a self-certification that another adult has left the home if no other proof of their new address is available

TO ADD A HOUSEHOLD MEMBER

- The requested household member's picture ID, birth certificate, social security card, proof of income, proof of assets, documentation of any applicable deductions. Before the person moves into the assisted unit your Housing Specialist will contact you to have them sign the required release of information forms, determine their eligibility, and attend an orientation. You may not move the new person in prior to receiving PHA approval.

- **By signing below, I give my permission to any agency, entity, or business contacted by Campbell County Department of Housing (CCDH) to release requested information for the purpose of determining my family's eligibility for housing assistance payments. The United States Department of Housing and Urban Development requires CCDH to obtain information regarding income, assets, and out – of -pocket medical and child care expenses**

Please **write the change** you wish to report below. You must list the **type of change** (new job, lost job, no child support in 30 days, began receiving SSI benefits, etc.), as well as the **date the change took effect**, the **amount of the change** (earning \$10.00 per hour, began receiving \$186.00 per month in KTAP, paying \$40.00 per month for prescriptions), **and you must attach documentation of the change to this form**. When you report the information below and sign and date this form, you are certifying it is true, correct, and complete to the best of your knowledge.

Head of Household Signature: _____

Date: _____

Signature of Other Adult (if applicable): _____

Date: _____

Phone : _____ Email: _____

The PHA may approve requests that must also be approved by the owner. If your lease is amended you must provide an updated copy to the PHA within 10 business days.