Fairfield Housing Authority

REPORT OF CHANGE

PHA Policy: Families are required to report all new sources of income and all increases in existing income of at least $200 a month within 10 business days of the change. The PHA will only conduct an interim if the increase is due to a new source of income, including returning to work for a previous employer, or the resumption of previously terminated/suspended benefits. In all other cases, the PHA will note the information in the file, but will not conduct an interim reexamination. Families are not required to report any other changes in income or expenses.

HEAD OF HOUSEHOLD NAME: ____________________________ Date: ____________________________

SECTION A: CHANGE IN FAMILY INCOME

<table>
<thead>
<tr>
<th>Requested Action (Circle one)</th>
<th>Family Member Name</th>
<th>Source of Income</th>
<th>Old Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
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Example: If you change jobs, you report two actions – 1) Delete the old job AND 2) Add the new job

SECTION B: CHANGE IN FAMILY COMPOSITION

<table>
<thead>
<tr>
<th>Requested Action (Circle one)</th>
<th>Family Member Name</th>
<th>Relationship</th>
<th>Address – If Adding member where they’re coming from, If Deleting, where are they going.</th>
<th>Effective Date</th>
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PHA Policy: The PHA will not add a new adult to the family if doing so will result in an increase in family unit size (voucher size).

SECTION C: CERTIFICATION

I/we certify that the information provided is in compliance with the HUD Family Obligations (over). I/we acknowledge that:

PHA Policy

If the family share of the rent is to increase:

The increase generally will be effective on the first of the month following 30 days’ notice to the family.

If the family share of the rent is to decrease:

The decrease will be effective on the first day of the month following the month in which the change was reported and all required documentation was submitted.

____________________________________________
Head of Household Signature

____________________________________________
Telephone

____________________________________________
Spouse Signature

____________________________________________
Other Adult Signature

____________________________________________
Other Adult Signature

____________________________________________
Housing Authority Representative

WARNING: Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

s:/housing files/forms/2017 report of change form.doc
The family must supply any information that the PHA or HUD determines necessary, including information for use in any reexamination of family income and composition. Any information supplied by the family must be true and complete.

The family must disclose and verify social security numbers and sign and submit consent forms.

The family is responsible for any Housing Quality Standards (HQS) breach by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear.

The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice.

The family must not commit any serious or repeated violation of the lease.

The family must comply with lease requirements regarding written notice to the owner and must provide written notice to the PHA at the same time the owner is notified.

The family must promptly give the PHA a copy of any owner eviction notice.

The family must use the assisted unit for residence by the family. The unit must be the family’s only residence.

The composition of the assisted family residing in the unit must be approved by the PHA.

If the PHA has given approval, a foster child or a live-in aide may reside in the unit.

The family must not sublease the unit, assign the lease, or transfer the unit.

The family must supply information requested to verify the family is living in the unit or related to family absence from the unit.

The family must promptly notify the PHA when the family is absent from the unit. PHA Policy: Notice is required under this provision only when all family members will be absent from the unit for an extended period. An extended period is defined as any period greater than 30 calendar days. Written notice must be provided to the PHA at the start of the extended absence.

The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide.

The family must not own or have any interest in the unit (exception: manufactured home owner leasing a space).

Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.

Family members must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.

Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

An assisted family or family member must not receive HCV program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.

A family must not receive HCV program assistance for a unit owned by a parent, child, grandparent, grandchild, sister or brother of any family member unless the PHA has provided reasonable accommodation for a family member who is a person with disabilities.