



JHA Use Only	
Received By _____	
Date Received _____	
Change Effective Date _____	

The Housing Authority
of the City of Jacksonville

Change Request Form
Please Print using Black Ink Only

Please complete the entire form. Please put N/A (not applicable) where it does not apply.

Name: _____ SS#: _____
 Phone #: _____ Work/Cell #: _____
 Current Address: _____

Dear Applicant or Client:
 All changes to your application/certification forms must be in writing. The following information needed ONLY if there has been a change in your mailing address, family size, income, telephone number, current housing situation, etc. If you are an applicant, Section 8 participant or Low-Income/Public Housing resident, it is your responsibility, according to Housing Authority policies, to report all changes in income and family size to the Housing Authority within ten (10) days of the date the change has occurred. Failure to report changes could result in being dropped from our waiting list, the termination of our Section 8 assistance, or evicted from our Low-Income/Public Housing units. If the information is not reported in a timely manner and an overpayment occurs, you will be required to reimburse the Housing Authority.

Public Housing ___ Applicant **Section 8** ___ Applicant
 ___ Resident ___ Active Participant

My mailing address has changed. My new address is:

Address	City	State	Zip
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HOUSEHOLD COMPOSITION

First Name, Last Name	Relationship	SS#	Date of Birth	Add/Remove

If you are adding or removing a family member, please explain why. _____

If removing a family member, please provide the new address: _____



895 Gardner Dr., SE Jacksonville, AL 36265 (P) 256-435-2485 (F) 256-435-2437



- Please furnish copies of birth certificates, social security cards and picture ID's when adding adult members. Please furnish copies of birth certificates, social security cards when adding children.
- Adding adult members to the household is subject to the Housing Authority approval and occupancy requirements.

Change of Income

Former Employer: _____ Phone # _____
 Last day of work: _____ Reason Leaving: _____
 New Employer: _____ Phone # _____
 Address: _____ Hire Date _____

Other Changes of Income (including but not limited to TANF, Social Security, Unemployment, Child Support, Cash Contributions, etc.)

Type of Income: _____
 Effective: _____ Amount: _____
 Frequency of benefit (weekly, bi-weekly, monthly) _____
 Type of Income Stopped: _____ Effective Date: _____
 Are you reporting Zero Income? Yes or No (Circle One)

Change in Child Care

Provider Name: _____ Phone #: _____
 Address: _____ Effective Date: _____

WARNING:

Section 1001 of Title XVIII of the United States Code makes it a criminal offense to make willful statements of misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

CERTIFICATION:

I/We certify that the above information given to the Jacksonville Housing Authority on household composition, income, net family assets, allowances and deductions are accurate and complete to the best of my/our knowledge and belief. I/We also understand that false statements or information are grounds for termination of housing assistance, termination of tenancy, or being dropped from the waiting list. I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal Law.

 Head of Household Signature Date

 Spouse/Other Adult Signature Date

 Other Adult Signature Date

