



# Form for Reporting Changes

Changes in income, household composition, assets or deductions must be reported **in writing within 5 days**. Please use this form to report those changes as we are no longer accepting changes by phone. You may also send an e-mail to [reportingchanges@nhhfa.org](mailto:reportingchanges@nhhfa.org) *If you are a person with disabilities and require a reasonable accommodation to this policy, please contact Deborah Granfield at 1-800-439-7247, ext. 9235 or Dee Pouliot at extension 9239.* **Continue to pay the same amount of rent** until you receive a notice from us with your new rental amount. It can take up to 60 days to complete the processing.

**\*\* Complete only the sections that apply to the change you are reporting. Please use one form per person, per change. \*\***

**Wage income section: All changes must be reported.** If someone in your household changed employers or they changed the type of income they were receiving, a change in your portion will be processed. Raises in pay/ increased hours are not counted until next annual unless you are on the Family Self Sufficiency (GOAL) Program.

- Did somebody change jobs?  Yes  No If yes, who? \_\_\_\_\_
- Did that person get a new job?  Yes  No
- Did they apply for unemployment?  Yes  No
- Did they apply for TANF (welfare)?  Yes  No
- Do they have "zero" income right now?  Yes  No
- Did they start/change self employment?  Yes  No
- Did they start/change worker's comp?  Yes  No
- Is somebody working less hours or more hours at the same job?  Yes  No If yes, who? \_\_\_\_\_
- Other information: \_\_\_\_\_

**Other income section: All changes must be reported except Social Security's January cost of living increase.**

- Has someone started receiving Social Security?  Yes  No If yes, who? \_\_\_\_\_  
 ➤ Please enclose a copy of the benefit award letter or call Social Security at 1-800-772-1213 for a copy to send.
- Has someone started receiving APTD or OAA?  Yes  No If yes, who? \_\_\_\_\_
- Has child support income changed?  Yes  No If yes, for which child? \_\_\_\_\_
- Do you pay childcare expense?  Yes  No If yes, who is the provider? \_\_\_\_\_
- Has your TANF income changed?  Yes  No
- Has self employment income changed?  Yes  No If yes, for who? \_\_\_\_\_
- Other information: \_\_\_\_\_

**Change in who is living with you section:**

**If someone wants to move in:** You must have written approval from the landlord to have someone move in. Please attach that approval to this form. Do not let the person move in until we have completed our approval process. Please answer these questions:

- Does someone want to move in?  Yes  No If yes, name of person: \_\_\_\_\_
- Does the person have income?  Yes  No If yes, what type? \_\_\_\_\_
- Does the person have bank accounts?  Yes  No If yes, where? \_\_\_\_\_
- Does the person have assets?  Yes  No

Social Security number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**If someone wants to move out:** You must provide proof of where the person moved to such as a copy of their lease where they are now living, rent receipts or utility bills in their name or some other mail received at their new address. Please answer these questions:

- Did someone move out?  Yes  No If yes, who? \_\_\_\_\_
- What date did they move out? Date: \_\_\_\_\_ Other information: \_\_\_\_\_

**Expenses section:** If you are over 62 years of age or head or spouse is a person with disabilities:

Did your pharmacy expenses change?  Yes  No      Did your health insurance premiums change?  Yes  No

Did your physician expenses change?  Yes  No      Did the amount of your spenddown change?  Yes  No

Section to tell us any other change in income, assets or household size: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***I understand that false information or statements are grounds for termination of my participation in the Housing Choice Voucher Program. I further understand that false information or statements are fraud and punishable under Federal Law. With my signature I swear and attest the information above is true and complete.***

\_\_\_\_\_  
*Signature of head of household*      *clearly print your Social Security number*      *Date*      *Phone number*

\_\_\_\_\_  
*Signature of person with the change, if not head*      *clearly print your Social Security number*      *Date*      *Phone number*

**Mail original to: New Hampshire Housing      PO Box 5087      Manchester, NH 03108      Keep a copy for your records.      5/07**