

Housing Authority of the City of Goldsboro
Section 8 Housing Choice Voucher Program
Phone 919/736.2785
Fax 919/736.2788

Reviewed by:

Section 8 Interim Change Form

All changes to your household must be done in writing within ten (10) days of the change. No changes will be accepted by phone. **You must submit proper verification along with this form. SEND COPIES ONLY; ORIGINALS WILL NOT BE RETURNED TO YOU.** Failure to provide this information will result in the change being delayed or not completed. If you fail to provide the verification to the change you are reporting within ten (10) business days from the date of this notice/letter, you may be required to reimburse this office for overpayment of rental subsidies. A self-addressed, stamped envelope has been enclosed for your use.

You will be required to continue paying your part of the rent until a change has been completed and a written notice has been sent to both the resident and the landlord indicating the new rental amounts and the effective date.

COMPLETE THE FOLLOWING:

Name: _____ Last 4 digits of SSN: XXX-XX-_____

Phone Number: Home _____ Cell _____ Email _____

I am reporting the following changes in my household: (check one) Increase Decrease Not Sure

Explain: _____

For Income Changes: Attach ALL the following verification that applies to your household:

- Proof of employment (wages) or Loss of employment
- Proof of Social Security Income / Veteran's Administration Income / Retirement Pension
- Proof of Child Support (Printout from Wayne County Clerk of Court for each Father)
- Proof of TANF / Welfare
- Notarized Statements from anyone helping you pay your bills.
- Proof of Child Care (daycare verification)
- Proof of unemployment
- Any other income received

For Household Member Changes: Attach the following that apply along with the above information for income changes:

- To add a Child you must supply: Birth Certificate, Social Security Card, Proof of legal custody
- To add an adult, STOP HERE, you must call the Section 8 office to schedule an appointment.
- To remove someone from your voucher/lease, provide a notarized statement stating that person's new address.

Signature of Head of Household

Date

APPLICANT/TENANT CERTIFICATION

APPLICANT(S)'S/TENANT(S)'S STATEMENT

I/We certify that the information* given to the Goldsboro Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We certify that I the tenant or any member of my/our household is not subject to a lifetime state sex offender registration program in any state. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse

Date

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 of 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.