



# SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY

Housing Choice Voucher Department, P.O. Box 1897, Las Vegas, NV 89195-1537  
Phone (702) 922-6900 FAX (702) 922-6929 TDD (702) 387-1898



## REPORT OF CHANGE IN INCOME/FAMILY COMPOSITION

Head of Household: \_\_\_\_\_ SSN: \_\_\_\_\_

Caseworker: \_\_\_\_\_ Phone #: \_\_\_\_\_

For which Family Member if not Head of Household: \_\_\_\_\_

CHANGE BEING REPORTED	REQUIRED DOCUMENTATION (Attach the following)
<b>Employment:</b>	Recent check stub or letter from employer Name and address of employer:
Wages and/or Hours: <input type="checkbox"/> Increased <input type="checkbox"/> Decreased	
Working: <input type="checkbox"/> Started <input type="checkbox"/> Stopped <input type="checkbox"/> Changed Jobs	
	Phone # _____ Fax # _____
<b>Unemployment:</b> <input type="checkbox"/> Started <input type="checkbox"/> Stopped	Recent printout from Employment Security Dept. or check stub
<b>TANF:</b> <input type="checkbox"/> Started <input type="checkbox"/> Stopped <input type="checkbox"/> Increased <input type="checkbox"/> Decreased	Recent printout or current Notice of Action
<b>SS/SSI:</b> <input type="checkbox"/> Started <input type="checkbox"/> Stopped <input type="checkbox"/> Increased <input type="checkbox"/> Decreased	Letter from Social Security Administration
<b>Child/Spousal Support:</b> <input type="checkbox"/> Started <input type="checkbox"/> Stopped	Copy of check/DA printout/letter/court documents

<b>REMOVE</b> – Household Member(s)	1. _____
	2. _____
	Attach the following if removing a spouse: Divorce Decree or Legal Separation Documents

**ADD** – Household Member(s)  
Complete below and **attach the following:** Birth certificate, Social Security card, income verification, picture ID (Drivers License/State ID), signed release form for adults, and other approval documents.

Last Name	First Name	DOB:	SSN:
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<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Male
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Female
<input type="checkbox"/> Hawaiian/Other Pacific Islander		

Last Name	First Name	DOB:	SSN:
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<input type="checkbox"/> Hawaiian/Other Pacific Islander		

**Other Changes:** \_\_\_\_\_

(Specify Type) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.

The Southern Nevada Regional Housing Authority (SNRHA) does not discriminate on the basis of disability. If you wish to file a complaint alleging discrimination, please contact Norma Gray, the 504/ADA Coordinator, at (702) 922-6808.

To ensure all applicants/participants that require communication in a format other than written notices due to a disability, SNRHA shall inquire whether you need other methods of communication, such as larger print size, a reader of information on tape, assistance with writing or an interpreter at meetings, etc. Please advise staff if you require this assistance. Our goal is to ensure all participants have full access to all programs and services, including Limited English Proficiency persons (persons who speak and/or write limited English), who may require documents in another language other than English. These services are free to eligible participants and applicants.

Si usted no puede leer este documento por favor pida la asistencia de nuestro personal bilingue. La Autoridad De Vivienda De Nevada Sur proporciona servicios de traduccion para participantes y clientes que califican. Si usted necesita esta forma en Espanol, contacte por favor a su asistente social.

## REMINDER!!

DEAR PARTICIPANT:

IF YOU HAVE ANY CHANGES IN HOUSEHOLD COMPOSITION, INCLUDING MARRIAGE OR BIRTH OF A CHILD, YOU MUST REPORT THIS CHANGE **IN WRITING WITHIN 10 CALENDAR DAYS** OF THE CHANGE TO YOUR CASEWORKER. **DO NOT CALL.** PLEASE PUT IT IN WRITING AS NO CHANGES CAN BE ACCEPTED THAT ARE NOT REPORTED IN WRITING. ATTACH COPIES OF THE BIRTH CERTIFICATE, SOCIAL SECURITY CARD, MARRIAGE LICENSE OR OTHER RELATED DOCUMENTS, SUCH AS PAYSTUBS.

**ALL** INCOME CHANGES MUST ALSO BE SUBMITTED **IN WRITING WITHIN 10 CALENDAR DAYS OF THE CHANGE.** PLEASE ATTACH COPIES OF PAYSTUBS IF YOU GET A NEW JOB OR A RAISE. IF YOU LOSE YOUR JOB, ATTACH YOUR TERMINATION OR LAY OFF NOTICE.

WE ARE PROVIDING YOU WITH A PRE-PAID POSTAGE ENVELOPE TO RETURN DOCUMENTS. PLEASE MAIL THESE DOCUMENTS IN WITH THE **COMPLETED CHANGE NOTICE.** FOR FUTURE REFERENCE, KEEP COPIES OF ANYTHING YOU SUBMIT TO OUR AGENCY.

PLEASE REMEMBER, YOUR HOUSING ASSISTANCE WILL BE TERMINATED IF YOU FAIL TO REPORT ANY CHANGES.

Attachments:  
Return Envelope  
Interim Change Notice

