



REPORT OF CHANGE IN INCOME/FAMILY COMPOSITION

Head of Household: _____ SSN: _____

Current Address: _____ City/ST/Zip: _____

Caseworker: _____ Phone #: _____

For Which Family Member if not Head of Household: _____

CHANGE BEING REPORTED		REQUIRED DOCUMENTATION (Attach the following)	
New Employment: (Name and complete address of employer)		1. Two (2) current and consecutive pay stubs dated within 60 calendar days; OR	
		2. An original new hire letter with the following information:	
		<ul style="list-style-type: none"> • Date of Hire; • Rate of Pay; and • Hours to Work 	
Current Employment		1. Two (2) current and consecutive pay stubs dated within 60 calendar days showing the increase/decrease of wages or hours.	
Wages:	<input type="checkbox"/> Increased <input type="checkbox"/> Decreased	2. For termination or layoff, the employer's letter showing the effective date.	
Hours:	<input type="checkbox"/> Increased <input type="checkbox"/> Decreased		
Working:	<input type="checkbox"/> Started <input type="checkbox"/> Changed Jobs <input type="checkbox"/> Stopped		
TANF:	<input type="checkbox"/> Started <input type="checkbox"/> Stopped <input type="checkbox"/> Increased <input type="checkbox"/> Decreased	Recent printout or current Notice of Action	
SS/SSI:	<input type="checkbox"/> Started <input type="checkbox"/> Stopped <input type="checkbox"/> Increased <input type="checkbox"/> Decreased	Letter from Social Security Administration	
Unemployment:	<input type="checkbox"/> Started <input type="checkbox"/> Stopped	Recent printout from Employment Security Dept. or check stub	
Child/Spousal Support:	<input type="checkbox"/> Started <input type="checkbox"/> Stopped	Copy of check/DA printout/letter/court documents	
REMOVE: Household Member(s)	1. _____ 2. _____ Attach the following if removing a spouse: Divorce Decree or Legal Separation Documents		
TEMPORARY ABSENCE:	Last Name: _____	First Name: _____	How Long: _____
Reason: _____			
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: _____
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Other Pacific Islander		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name: _____		First Name: _____	DOB: _____ SSN: _____
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Other Pacific Islander		<input type="checkbox"/> Male <input type="checkbox"/> Female	

Other Changes: _____

Signature: _____ Date: _____

PLEASE ATTACH ANY SUPPORTING DOCUMENTS TO THE BACK OF THIS PAGE

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 PAY STUBS.

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

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.

This form to be used for SNRHA purposes only.

Please be advised while we are here to serve you, Housing Choice Voucher (HCV) Regulations authorize a public housing authority to terminate benefits when a family engages in or threatens abusive or violent behavior toward the authority's personnel [24 CFR § 982.552(c)(1)(ix.)]

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.

Our agency provides reasonable accommodations to elderly or disabled applicants and participants to ensure programs and services are accessible. If you need a reasonable accommodation, please submit your request in writing to: SNRHA, P.O. Box 1897, Las Vegas, NV 89125, Attention: 504 Officer.

Southern Nevada Regional Housing Authority will not discriminate because of race, color, religion, age, national origin, disability, familial status or sexual orientation. If you feel you have a Fair Housing Complaint, please contact HUD at 1-800-669-9777 or TTY 1-800-927-9275. The Equal Access to Housing in HUD Program Regardless of actual or perceived Sexual Orientation, Gender Identity, or Marital Status in compliance with Final Rule, published in the Federal register August 2014. SNRHA will comply with 24 CFR Parts 5, 91, 880, et al. Violence Against Women Act Conforming Amendments.

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