

# INSTRUCTIONS

## CHANGE OF INFORMATION FORM

1. You may use this form to report all changes income or family composition to the Authority. Applicants may also use this form to report a change of address.
2. Complete the attached form. On the top part of the form make sure you provide your Name, last four digits of your Social Security Number, Address, email (if you have one) and telephone number. Next indicate if you are either a housing applicant, a resident of an Authority development, or a Section 8 participant.
3. In the center section sign and date the form. Then indicate the type of change you are reporting: change in income; change in family composition; other change in household; or a change in address (applicants only).
4. On the blank lines at the bottom of the form, provide any additional information needed to describe the change. For example if you are reporting a decrease in family composition (someone moves out), provide the name, birth date, social security number and relationship of the person moving out of your household and proof of where they moved to. **AHA must approve all requests for addition to households prior to allowing the person to move into the unit.**
5. Return the completed form by mail to: Amsterdam Housing Authority, Attn: Section 8 Department 52 Division Street Amsterdam, NY 12010 or place in secure drop box located outside our offices. If you wish to submit the form in person, please call 518-842-2907 and schedule an appointment with a caseworker.
6. You will receive a copy of the Lease Amendment in the mail from us as proof that you reported the change. If you do not receive a copy from us within two weeks, contact the office to make certain we received the form. If you do not receive a copy back in the mail, **DO NOT ASSUME WE RECEIVED YOUR FORM!**
7. If you have any questions about the form, contact a caseworker at **518-842-2907 ext.110** for Joseph, **108** Cliff, and **106** Erika
8. **Turn everything in before the 15<sup>th</sup> of the month to ensure a change can be made for the following month.** Changes turned in after the 15<sup>th</sup> may be delayed and additional 30 days if information is missing.

### Amsterdam Housing Authority's policy for reporting changes:

- Participants of the AHA rental assistance programs must immediately report, **in writing**, any changes in income or assets, and any changes in family composition.
- Failure to report changes **in writing** within 10 days may result in the overpayment of the tenant's subsidy that will be owed by the tenant to the Amsterdam Housing Authority.
- Requests for Addition to Household **must** approve prior to allowing anyone to reside in your unit.
- You must schedule an appointment if you wish to move from your current unit.

Income changes must be REPORTED AND VERIFIED by the 20th of the month in order for a rent decrease to take place the following month. Failure to properly report changes will result in no change to tenant portion of rent until properly verified.

### Proper reporting of changes includes:

- Completed change form – incomplete forms will be returned for completion and will delay the process.
- Documentation of change(s) being reported (i.e.: termination letter, lease to remove member, child support check stub, etc.)
- Submittal of all forms needed to obtain 3<sup>rd</sup> party verification of change(s)
- Contacting your caseworker to ensure that all required documents are provided

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

# AMSTERDAM HOUSING AUTHORITY

## SECTION 8 RENTAL ASSISTANCE

52 Division Street • Amsterdam, NY 12010

P: 518-842-2907 • F: 518-842-2973

Housing Authority Use only

Initials

Your Name: \_\_\_\_\_ Last four digits of your social security number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please check one of the boxes below that describes your current status**

- Active on the waiting list for the **Section 8 Program / Project Based Voucher Program**
- I am currently a participant in the **Housing Choice Voucher / Project Based Voucher Program / Mod Rehabilitation**

I am reporting a change in my family's circumstances as described below. I understand that the Authority will use the information provided by me to determine my level of benefits and/or program eligibility. I understand that the Authority may verify the information I have provided with a third-party. I certify that the information provided is true and correct to the best of my knowledge and belief. I understand that providing false information may be cause of denial or termination of housing assistance and may be punishable under federal law.

**Your Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

(Check any of the lines which apply to the change you are reporting)

- I am an applicant and want to report a change in my address and/or contact number.
- I would like to request an extension on my voucher. (**Must** schedule appointment with caseworker)
- There has been a change in my family's income. (**Must** Submit **ALL** income change verification)
- There has been a change in my family's composition. (**Must** schedule appointment)
- I would like to **MOVE** from my current unit. (**Must** submit with signed 30 Day Vacate Notice)
- I would like to **WITHDRAW** my request to MOVE / PORT OUT from my current unit.
- There has been a change in household not listed above. (Please explain in detail below).

On the lines below please describe in detail what has changed. If you are an applicant and reporting a change of address please list your old and new address, and make sure you provide us with your updated telephone number.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Return the completed form at Section 8 window, via mail, or by placing in secure drop box to:

**Attn: Section 8 Department, 52 Division Street, Amsterdam, NY 12010**