



Greene Metropolitan Housing Authority

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General Fax: 937-376-2487, Public Housing Fax: 937-347-1235, Section 8 Fax: 937-347-1230
Website: www.gmha.net

CHANGE REPORTING FORM

Head of Household: _____ SS# _____
Name of Household member with change: _____ SS# _____
Current Address _____ City _____ State _____ Zip _____
Tenant Cell #: _____ Home #: _____ email: _____

Changes will NOT be processed if required documentation is incomplete or not attached. Failure to report and provide the necessary verifications within 10 calendar days may result in termination of your assistance and/or having to repay monies you were not entitled to.

Step 1: Check the appropriate box for the change in which you are reporting. (Mark at least one)

- | | |
|--|--|
| <input type="checkbox"/> Employment Starting | <input type="checkbox"/> Employment Ending |
| Company Name: _____ | Company Name: _____ |
| Address: _____ | Address: _____ |
| Phone: _____ Fax: _____ | Phone: _____ Fax: _____ |
-
- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Child Care Expenses | <input type="checkbox"/> OWF/Cash Assistance | <input type="checkbox"/> Pension/Retirement |
| <input type="checkbox"/> Social Security/SSI | <input type="checkbox"/> Medical Expenses | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Adding person(s) to household
<small>(Attach Authorization for Additional Persons Packet)</small> | <input type="checkbox"/> Removing person(s) from household
<small>(Attach Decrease of Family Composition Form)</small> | | |

Step 2: Describe how the change is affecting your income. (Mark at least one)

- | | |
|---|---|
| <input type="checkbox"/> Income Decrease
Decrease start date _____ | <input type="checkbox"/> Income Increase
Increase start date _____ |
| <input type="checkbox"/> No Change in Income | |

Step 3: Attach the required documentation to verify the change you are reporting and mark the appropriate box.

- | | |
|---|--|
| <input type="checkbox"/> Verification of Employment Income Form | <input type="checkbox"/> 3 months of consecutive paystubs |
| <input type="checkbox"/> SSI/Social Security benefits printout | <input type="checkbox"/> child support payment history (12 months) |
| <input type="checkbox"/> Unemployment Benefits | |
- If zero income you must complete a Regular Contributions form and please attach at least one of the following:**
- | | |
|--|---|
| <input type="checkbox"/> Certification of Zero Income
(to be completed by the head of household only) | <input type="checkbox"/> Affidavit of Zero Income
(to be completed by any other adult 18+) |
|--|---|

Other Communication: _____

Tenant Signature: _____ **Date:** _____

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8). ** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).** GMHA does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

