



# Greene Metropolitan Housing Authority

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Website: [www.gmha.net](http://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)

Employment Starting

Employment Ending

Company Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Child Support

Child Care Expenses

OWF/Cash Assistance

Pension/Retirement

Social Security/SSI

Medical Expenses

Other: \_\_\_\_\_

Adding person(s) to household

(Attach Authorization for Additional Persons Packet)

Removing person(s) from household

(Attach Decrease of Family Composition Form)

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

Income Decrease

Income Increase

Decrease start date \_\_\_\_\_

Increase start date \_\_\_\_\_

No Change in Income

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

Verification of Employment Income Form

3 months of consecutive paystubs

SSI/Social Security benefits printout

child support payment history (12 months)

Unemployment Benefits

**If zero income you must complete a Regular Contributions form and please attach at least one of the following:**

Certification of Zero Income

Affidavit of Zero Income

(to be completed by the head of household only)

(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.

