

Change Report Form

Name of Housing Specialist:	Date:
Head of Household (HOH):	SS#:
Spouse/Other Adult:	SS#:
Phone:	Best time to call:
Email:	

What information do you need to change?

IMPORTANT: To make ANY changes to your application or file, we must have this form completed, with ALL changes in your address, income, and/or household composition, and signed. Failing to provide complete and accurate information is fraud which could result in termination of your application or of your housing assistance.

all that ap	nnly				
	Rent I am requesting a decrease in rent based upon one of the below changes I am reporting				
	Reduction Request (LHA Tenants & Voucher holders only)	Important: You must check this box <i>and</i> provide information to support the request in one of the other below boxes if you want to request a rent reduction. (To complete the change, you may be required to provide additional information.)			
П	Employment	I need to update the employment information of someone in my household:			
		☐ Employment Ended		☐ New Employment	
		Who:		Who:	
		Employer:		Employer:	
		Date ended:		Address:	
		Reason employment e	nded?	State:	Zip:
				Hours per week:	Date Started:
		Wages:	Per: Hour Week Honth Year	Wages:	Per: ☐ Hour ☐ Week ☐ Month ☐ Year
П	Other	I need to update the amount my household receives of the following:			ng:
	Income	☐ Child support or Alimony	\$	Per: ☐ Hour ☐ Week ☐ Month ☐ Year	Start/End Date:
		☐ Social Security or SSDI	\$	Per: ☐ Hour ☐ Week ☐ Month ☐ Year	Start/End Date:
		□ ADC	\$	Per: ☐ Hour ☐ Week ☐ Month ☐ Year	Start/End Date:
		☐ Unemployment	\$	Per: ☐ Hour ☐ Week ☐ Month ☐ Year	Start/End Date:
	• • •	☐ Other:	\$	Per: ☐ Hour ☐ Week ☐ Month ☐ Year	Start/End Date:

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	Household	I need to update who lives in my household:				
	Composition	☐ I need to add someone Name:		☐ I need to remove someone		
				Name:		
		DOB	SS#:	DOB	SS#:	
		Relationship to HOH:		Relationship to HOH:	Relationship to HOH:	
		Sex:	Race:	What is this person's new address?		
	Other	I need to report other changes in my household. Please explain:				
	Information					
	Age 18+	Lam undating the st	udent status of some	no in the household age	. 10 _±	
Ш	Student			one in the household age 18+.		
Status		Started School Name:		☐ Ended School Name:		
	•	Age:	# of Credits:			
		Date Started:	# Of Credits.	Age: Date Ended:		
				School:		
		School: School:				
			ADDUCANT ONLY CEC	TION		
	Address	Lam waiting to got b	APPLICANT ONLY SEC		ross on file:	
	(Applicants		ddress	need to change my add	Address	
	only)				Addiess	
		Street/Apt #:		Street/Apt #:		
	City:			City:		
		State:	Zip:	State:	Zip:	
	Preference	I am waiting to get housing assistance and am requesting the following preferences be				
	(Applicants	added to my application:				
	only)	☐ Disaster: Displaced by a disaster such as a flood or fire and my unit is unlivable.				
		☐ Domestic Violence: Displaced and now homeless because of domestic violence.				

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☐ RentWise: I am providing a copy of my RentWise Certificate of Completion.

Agency or contact phone number:

☐ Homeless: My household lacks a fixed, regular, adequate nighttime residence, is living in

institutionalized, or is residing in a public or private place not designed to be used as a

Name of agency or contact for verification:

an institution that provides a temporary residence for persons intended to be

Name of shelter or contact for verification:

Phone number:

regular sleeping accommodation.

Agency or contact address:



AUTHORIZATION TO RELEASE INFORMATION

Your signature on this form and the signature of each member of your household who is 18 years of age or older authorizes the Lincoln Housing Authority (LHA) of Lincoln, NE to use this authorization and the information obtained with it to administer and enforce rules and policies.

Using this Authorization, information may be requested from but is not limited to: banks and other financial institutions, courts, law enforcement agencies, credit bureaus, landlords, past and present employers, medical providers, educational institutions, social service agencies, utility companies, child care providers, neighbors, and the U.S. Post Office.

By signing this form, you are authorizing persons, firms, or corporations to make available any documents or records to the LHA for inspection and copying.

By signing this form, you are also certifying that all the information given on this form is accurate and complete to the best of your knowledge or belief. You are certifying that you understand that false statements given to LHA may cause your household to be denied housing assistance or to lose housing assistance and could result in punishment under Federal Law.

Signature of Head of Household	Printed Name	Date
Signature of Spouse/Co-Head	Printed Name	Date
Signature of Other Adult	Printed Name	Date
Signature of Other Adult	Printed Name	Date
Signature of Other Adult	Printed Name	