

# CHANGE FORM



Central Texas Council of Government Housing Assistance Division  
2180 North Main St., P.O. Box 729, Belton, TX 76513  
254-770-2300 \* 1-888-488-4911 \* (FAX) 254-770-2329

## DOCUMENTATION SUPPORTING CHANGE MUST BE PROVIDED TO PROCESS

Formal Application  Interim  Counselor: \_\_\_\_\_

Head of Household's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

- New Employment  Termination of Employment  Change of hours/pay rate  Daycare  
 Asset  TANF/Food Stamps  Cash/Non-Cash Contribution  Social Security/SSI  
 Child Support (CIN # \_\_\_\_\_)  Other

NAME OF HOUSEHOLD MEMBER: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name of Organization/Employer/or Provider: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Explanation of Change: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tenant/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Front and Back of this form must be filled out**

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to knowingly and willfully falsify, conceal or cover up by any trick a material fact; make any materially false, fictitious or fraudulent statement or representation; or make or use any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry to any Department or Agency of the U.S. as to any matter within its jurisdiction.**

### CENTRAL TEXAS HOUSING ASSISTANCE PROGRAM USE ONLY

YES  NO Was documentation provided by person submitting the change form?

Type or Document provided:

2 Consecutive Paystubs  Separation/Termination Letter  Notarized Letter/Statement  OAG Verification Form

SNAP/TANF Award Letter  Other: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Staff Receiving Change: \_\_\_\_\_ Date: \_\_\_\_\_

Equal Housing Opportunity





Central Texas Council of Governments Housing Assistance Division
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APPLICANT/TENANT RELEASE AND CONSENT

I/We, \_\_\_\_\_ the undersigned, hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for the purpose of verifying information on my/our Section 8 application.

I/We authorize release of the information without liability to the agency requesting the information or those providing the information.

INFORMATION COVERED

I/ We understand that previous or current information regarding me/us may be needed. Verification and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, and medical or childcare allowances.

I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to eligibility for and continued participation as a qualified participant in the Section 8 Program.

GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information includes, but is not limited to:

- Past & Present Employers
• Support & Alimony Providers
• Educational Institutions
• Banks and other Financial Institutions
• Previous Landlords (Including Public Housing Agencies)
• State Unemployment Agencies
• Welfare Agencies
• Social Security Administration
• Medical and Childcare Providers

CONDITIONS

I /We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed.

I/We understand that I/We have the right to review this file and correct any information.

Signature lines for Applicant/Tenant, Spouse/Partner/Co-Head, and Adult Member (age 18 and over) with corresponding signature and date fields.

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