GAINESVILLE Housing Authority
Where Housing Matters

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GainesvilleHousingAuthority.org

Changes to Income, Child Care Expenses, and/or Household Composition

READ CAREFULLY AND PRINT LEGIBLE

Head of Household Name (Last, First):	**GHA Only: Tenant #:** _____ **Date Recd:** _____
Address:	**Phone Number:**

Instructions: Complete only the sections that are necessary to tell us how your household income, child-care expenses, or composition have changed. Provide a response for all items in the applicable section and email this form, along with supporting documentation to DOCS@GNVHA.ORG. Incomplete forms and those without proof will be rejected.

What type of change?

- ☐ INCREASE in household income or child-care expenses
- ☐ DECREASE in household income or child-care expenses
- ☐ Add or Remove a household member
- ☐ Other: _____

EMPLOYMENT *Attach verification of employment or last four (4) consecutive paystubs.*

Change in Pay OR New Employment	Employment Ended
Household Member _____	Household Member _____
Company Name _____	Company Name _____
Company Address _____	Company Address _____
Supervisor Name _____	Supervisor Name _____
Supervisor Phone # _____	Supervisor Phone # _____
Effective Date of the Change _____	Stop Date _____
Hourly Pay Rate _____ Hours Per Week_____ Bonus/Tips/Commissions$_____ Pay Frequency: _____	❑ **Attach confirmation from the employer of your last day worked.**

OTHER INCOME *Check all applicable boxes, write in details, and attach statements or benefits letter.*

- ❑ **Child Support**
- ❑ **V.A. Benefits**
- ❑ **Social Security or SSI**
- ❑ **Pension or Annuity**
- ❑ **Gifts or Contributions**
- ❑ **Unemployment Benefits**
- ❑ **Trust or Retirement Disbursements**
- ❑ **DCF (TANF)**
- ❑ **Relative Caregiver or Caretaker Benefits**
- ❑ **Other:**_____

Household Member _____	Household Member _____
Describe Change _____	Describe Change _____
Amount $_____ Per ❑ Week ❑ Month	Amount $_____ Per ❑ Week ❑ Month
Start Date_____ Stop Date_____	Start Date_____ Stop Date_____

Additional Comments: _____

Continued on back…

ZERO INCOME *Complete this section if an adult in the household does not have any income or receive any contributions.*

Adult Member's Name with No Income/Contributions _____ Start Date_____

Additional Instructions **Request a Zero Income form and submit it with your Change form.**

CHILD CARE EXPENSES *Attach a statement from the provider that includes any subsidies and/or co-pays.*

Date of Change _____ Your Portion of the Payment $_____ Per ❑ Week ❑ Month

Provider Name _____ Provider Phone _____

Provider Address _____

FULL-TIME STUDENT STATUS (Adults Only) *Attach verification of enrollment status and financial aid (including work study).*

Household Member _____ Start Date_____ Stop Date_____

Tuition Cost $_____ Per ❑ Quarter ❑ Semester Financial Aid $_____ Per ❑ Quarter ❑ Semester

Work Study $_____ Per ❑ Quarter ❑ Semester

HOUSEHOLD COMPOSITION CHANGE *See instructions below for required documentation.*

❑ Add an adult member to the household, email DOCS@GNVHA.ORG to request the form. ❑ Add a minor, provide birth certificate, SS card, and court order, if appointed guardian.

❑ **Removing a Member from the Household**

Household Member _____ Move Out Date _____

Attachments: ☐ Verification of the household member's new address, such as a lease, a utility bill showing the name and address, etc.
☐ Written verification from your landlord acknowledging the person is no longer residing in the assisted unit.

❑ **Name Change**

Old Name _____ New Name _____

Attachments: ☐ Copy of legal name change document, e.g., marriage certificate, court order, etc.
☐ Social Security number verification with the new name, and valid picture identification.

OTHER CHANGE *If no other section applies, use this space to explain your household's income/circumstances (including medical expenses).*

Household member _____ Date of change_____

Describe change _____

Important: Gainesville Housing Authority (GHA) must receive your written notice of your income and/or household conditions change within 10 business days of the change. If this form is not completely filled out and/or supporting documentation is not attached, the review will not be processed. If changes are reported late (more than 10 business days after the change) or not at all, you could owe a debt to GHA and may also be at risk of losing your housing subsidy.

I, (print household member's name)_____, hereby authorize the GHA to verify the information provided by me on this form. I understand that if this form is not completely filled out and/or supporting documentation is not attached, the change will not be processed. I understand that such verification may include contacting any appropriate employers, governmental agencies, or individuals identified on this form.

Household Member's Signature_____ **Date**_____

Upon request, Gainesville Housing Authority will provide reasonable accommodations to people with disabilities so they can participate in our programs.