



# Denton Housing Authority

## INTERIM REPORTING CHANGE FORM

**ALL CHANGES MUST BE REPORTED WITHIN 10 CALENDAR DAYS AFTER THE CHANGE OCCURS.**

Date of **CHANGE** Reported: \_\_\_\_\_ Date of **CHANGE** Received By DHA \_\_\_\_\_  
Date of Next Annual \_\_\_\_\_

### **PART I. Personal**

Head of Household _____ <small>Print Name</small>	_____ <small>Social Security Number</small>
Telephone: _____	Cell Phone: _____
eMail Address: _____	

### **PART II. TYPE OF CHANGE**

Please Check Only the **Box(es)** of the **CHANGE** that you are Reporting Today!  
**FAILURE TO PROVIDE DOCUMENTATION COULD RESULT IN TERMINATION OR DENIAL OF CHANGE.**

**1. Income ( Please check a box and explain your change below)**

New job   
 Loss of job   
 More hours   
 Less Hours   
 Increase in pay   
 Decrease in pay  
 SSI/Social Security   
 Unemployment   
 Child Support   
 Contribution

**Current/New Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

Fax Number: \_\_\_\_\_ Start Date: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ (hourly)    Hours per week: \_\_\_\_\_    Salary: \_\_\_\_\_ per \_\_\_\_\_

**Former Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

Fax Number: \_\_\_\_\_ Last Date of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Other Changes in Family Income (explain): \_\_\_\_\_

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**IF YOU ARE REPORTING ZERO INCOME, YOU MUST COMPLETE A "ZERO INCOME AFFIDAVIT" FORM.**  
*Please request these forms from your Case Specialist.*

<input type="checkbox"/> <b>2. Change in Household Composition</b> Documentation Attached: ___ Yes ___ No Name of Person(s) ___ Leaving 1. _____ 2. _____ ___ Adding 1. _____ 2. _____	<input type="checkbox"/> <b>4. STUDENT Status Change</b> Documentation Attached: ___ Yes ___ No Student Name _____ ___ Currently Enrolled    ___ No Longer Enrolled ___ Other (Specify) _____
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**DHA and the Landlord must approve all additions to your household PRIOR to them moving in. You must also provide DHA with a Social Security card and Birth Certificate before they will be added to your household.**



3. Change in Name Documentation Attached:  Yes  No Reason for Name Change \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

**New name on Social Security Card MUST be provided within 60 Days or Termination may occur.**

4. Change in CHILD CARE Allowance

New Childcare Provider       No longer have childcare       Increase/decrease in fees

Increased From \$ \_\_\_\_\_ To \$ \_\_\_\_\_ Decreased From \$ \_\_\_\_\_ To \$ \_\_\_\_\_

Provider Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

5. Change in MEDICAL Allowance

Increased From \$ \_\_\_\_\_ To \$ \_\_\_\_\_ Decreased From \$ \_\_\_\_\_ To \$ \_\_\_\_\_

Provider Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Increased From \$ \_\_\_\_\_ To \$ \_\_\_\_\_ Decreased From \$ \_\_\_\_\_ To \$ \_\_\_\_\_

Provider Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Increased From \$ \_\_\_\_\_ To \$ \_\_\_\_\_ Decreased From \$ \_\_\_\_\_ To \$ \_\_\_\_\_

Provider Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Increased From \$ \_\_\_\_\_ To \$ \_\_\_\_\_ Decreased From \$ \_\_\_\_\_ To \$ \_\_\_\_\_

Provider Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

1225 Wilson St. \* Denton, Texas 76205 \* 940/383-1504 \* 940/383-2035

Email: s8@dentonhousingauthority.com



**PART III. CLIENT CERTIFICATION**

*I hereby certify, under penalty of perjury, that the above information is true and complete. (Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or agency of the United States as to any matter within its jurisdiction).*

\_\_\_\_\_  
*Signature of Head of Household*

\_\_\_\_\_  
*Date*

**ALL CHANGES MUST BE REPORTED WITHIN 10 CALENDAR DAYS AFTER THE CHANGE OCCURS.**

(PLEASE SIGN ATTACHED AUTHORIZATION FOR RELEASE OF INFORMATION)

**PLEASE CONTINUE ON NEXT PAGE**

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## CONSENT FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, do hereby authorize the Denton Housing  
*Print Name of Head of Household*  
Authority to contact any agencies, offices, groups or organizations to obtain any information or material  
that is deemed necessary to complete my application during the next twelve (12) months including a  
criminal history record. I am also certifying that all information and material provided is true and  
complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult 18 years and older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult 18 years and older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult 18 years and older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult 18 years and older

\_\_\_\_\_  
Date

