

**Opelika Housing Authority**  
P.O. Box 786  
Opelika, AL 36803-0786  
(334) 745-4171 Fax: (334) 745-6783  
**Applicant Change Form Section 8**

At this time we are currently updating the information that was provided on the application. Please provide the following information listed below for any changes. Mail/fax or bring in the form into the office at the address listed below	
<p style="text-align: center;">Old Address/Phone:</p> Name: _____ Address: _____ Phone#: _____	<p style="text-align: center;">New Address/Phone:</p> Name: _____ Address: _____ Phone #: _____

I, \_\_\_\_\_, do hereby certify that there have been **NO CHANGES** in my income or family composition since the date of my application. I understand that providing false information is punishable under federal law.

**OR**

I, \_\_\_\_\_, do hereby certify that I have **HAD A CHANGE** in one of the following listed below. I certify that the information given is true and correct and understand that providing false information is punishable under federal law.

**Please complete any changes to your family composition and income.**

(Last place of employment \_\_\_\_\_ Start Date \_\_\_\_\_ Last Date \_\_\_\_\_)

Yes  No **Change of Employment** (List name, address & phone number below)

Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

**Wages:** Employed since: \_\_\_\_\_ Occupation: \_\_\_\_\_

Is job:  Permanent  Temporary  Seasonal (From \_\_\_\_\_ To \_\_\_\_\_)

Salary Per Hour: \$ \_\_\_\_\_ Pay Period:  Weekly  Biweekly  Monthly  Semi-Monthly

Please indicate average number of hours worked per week \_\_\_\_\_

Yes  No **Family Composition:** \_\_\_\_\_ (Add a Member)  
\_\_\_\_\_ (Remove a Member)

- Yes  No **Expecting Baby** Due Date \_\_\_\_\_
- Yes  No **Financial Support** \_\_\_\_\_ (Increased) \_\_\_\_\_ (Decreased)
- Yes  No **Child Support** \_\_\_\_\_ (Increased) \_\_\_\_\_ (Decreased)
- Yes  No **Child Care** \_\_\_\_\_ (Increased) \_\_\_\_\_ (Decreased)
- Yes  No **Bank Account** \_\_\_\_\_ (Saving) \_\_\_\_\_ (Checking)
- Yes  No **Food Stamps** \$ \_\_\_\_\_  Yes  No **TANF** \$ \_\_\_\_\_
- Yes  No **SSI/SS Benefits** \$ \_\_\_\_\_
- Yes  No **I am a student (part or full- time) University** \_\_\_\_\_
- Yes  No **Life Insurance Agency:** \_\_\_\_\_
- Yes  No **Pension** \$ \_\_\_\_\_  Yes  No **VA Benefits** \$ \_\_\_\_\_
- Yes  No **Unemployment Benefits** \$ \_\_\_\_\_
- Yes  No **Residential Provider** \_\_\_\_\_

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

I hereby certify that all of the information I have provided on this change form is true and complete.

\_\_\_\_\_  
**Signature**

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