

**Opelika Housing Authority  
HCV Department**

P.O. Box 786  
Opelika, AL 36803-0786  
Phone: (334) 745-4171 fax: (334) 745-6783



**ATTENTION ALL HCV (SECTION8) PARTICIPANTS**

Please follow the instructions listed below to report a CHANGE

Remember PARTICIPANTS all changes in your household must be reported writing within 10 days.

1. Please complete the Change Form.
2. Once we receive the form an appointment will be mailed to you.
3. You must bring all requested documents as stated in your
4. appointment letter in order for the change to be processed.
5. Please allow 7-14 days after your appointment for your new rent notice to arrive in the mail.

Thank you for your cooperation in this process.  
We look forward to serving you and your family.

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**CHANGE FORM**

Date: \_\_\_\_\_

Name of Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Mark 'Type of Change' and fill out information completely:**

Change of Mailing Address: \_\_\_\_\_

Adding New Family Member: \_\_\_\_\_

Deleting a Family Member: \_\_\_\_\_

Change of income: **Type of Income** \_\_\_\_\_

Has the income Started  Decreased  Stop  Other \_\_\_\_\_

<u>First Name</u>	<u>Last Name</u>	<u>Source</u> <u>(From where/who)</u>	<u>Amount</u>	<u>How often</u> <u>(Weekly/monthly)</u>
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1) \_\_\_\_\_

Other type of change

Certification: I certify that the above information is true and correct to the best of my knowledge and understand that any false statements are punishable under Federal law.

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

\_\_\_\_\_  
Date

<b>Office use only:</b>
_____ Received by:
_____ Date