

Opelika Housing Authority

P.O. Box 786

Opelika, AL 36803-0786

(334) 745-4171 Fax: (334) 745-6783

Section 8 Change Form

Date: _____

Name: _____

Address: _____

Phone: _____

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/or income.

Name of employer _____

Start Date _____ Last Date _____ (if currently employed with this employer write CURRENT)

Address: _____

Phone Number: _____

Occupation: _____

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 TANF \$ _____

Yes No SSI/SS Benefits \$ _____

Yes No I am a student (part or full-time) University _____

Yes No Pension \$ _____ Yes No VA Benefits \$ _____

Yes No Unemployment Benefits \$ _____

Comments: _____

Signature

Date