SYRACUSE HOUSING AUTHORITY Housing Choice Voucher Program CHANGE REPORT FORM



Head of Household:			SS#	SS#	
Address:			Pho	Phone #	
_	Email				
		MARK A	ALL THAT APPLY	<u>(</u>	
EMPLOYM	MENT CHANGE	NEW JOB	LOSS OF JOB	DECREASED INCOME AT JOB	
Me	mber with Employr	nent change:		Effective date:	
Nar	me of Employer:				
Add	dress:				
Pho	Phone: Fax:				
Rea	ason for Decrease:				
pay eac		om the employer statestion letter	ting hire date, pay	rent and consecutive paystubs, or 1 rate, average # of hours you will work FINCOME DECREASE IN INCOME	
Inco	ome Source:				
Me	mber with change:		E	ffective date:	
		Income	e terminated/disco		
			ADD REMOVE		
	Date of Birth: SS#				
Doe	es this person have	any income? f	No Yes Sp	ecify:	
**T	O ADD- MUST AT	Citizenship fo		ocial security card, Declaration of ust also attach Photo ID, signed Release ncome Form	
**T	O REMOVE- MUS	T ATTACH: Lease R	emoval Request fo	orm and provide proof of new address	
OTHER CI	HANGE (Provide s	pecific details and att	ach verification) _		
	F	REMINDER: SECTIO	N 8 DOES NOT M	IAKE COPIES	
that false sta	atements or informat		r Federal Law. I also	est of my knowledge and belief. I understand o understand that false statements or	
Nar	ame Signature		Date		