



Central Virginia Housing Coalition
 208 Hudgins Road
 Fredericksburg, VA 22408
 Phone: (540) 604-9943 Fax: (540) 604-9949



CHANGE REQUEST

Head of Household: _____

Name: _____ Agent: _____

Address: _____ City/Zip: _____

Phone: _____ E-Mail: _____

CHANGE TO BE MADE:

Employment / Income Household Composition Public Assistance Other

Employment / Income: (Attach all pertinent verifying documents.)

I am not longer working at my previously reported job as of (date): _____

Reason for termination: employee quit terminated for cause lack of work

I am working the same job but my pay has changed from: _____ to _____.

I have started a new job on (date hired): _____

Employer's Name: _____

Employer's Address: _____

Employer's Phone: _____ Fax: _____

Wages/ Salary: \$ _____ per (check 1) hour day week month annually

I am now receiving Unemployment Benefits from VEC in the amount of \$ _____ per week.

My Social Security/Supplemental Security Income has changed to: \$ _____ per month.

Household Composition:

In order to add anyone to your household you must supply a written statement provided by your landlord granting permission for them to be added.

I wish to add/remove the following person(s) to my household: (please circle "add" or "remove")

Add Remove Name: _____ Age: ____ Income: yes no

Add Remove Name: _____ Age: ____ Income: yes no

Add Remove Name: _____ Age: ____ Income: yes no

Add Remove Name: _____ Age: ____ Income: yes no

Add Remove Name: _____ Age: ____ Income: yes no

Assistance/Benefits:

Please list any changes in public assistance (TANF, childcare, child support, fuel assistance, etc):

Other Changes:

Please list any changes not included above:

- ALL VOUCHER PARTICIPANTS -

I understand that Agents will not process a decrease in income or increase in expenses if the respective decrease or increase is expected to last less than 30 calendar days.

I understand that VHDA Policy 910 states that agents may refuse to process a decrease when there is a deliberate action on the part of the family to avoid paying an increase in rent. The agent will document a pattern of such behavior on the part of the family.

The statements made by me in this application are true and complete to the best of my knowledge. I understand that willful misstatements or material omissions on this application will be sufficient cause for termination of my assistance through the Housing Choice Voucher Program.

Signature

Date