

Phone (801) 399-8691

Weber Housing Authority
CHANGE FORM (50058 Update)
Please print clearly



Weber County

***** CURRENT PARTICIPANTS ONLY *****

YOUR NAME: _____ Social Security Number _____

PLEASE CHECK ALL INFORMATION BELOW THAT YOU WISH TO REPORT:

I am reporting an increase or new income. Date new income started: _____ 20____

IF YOU ADDED OR INCREASED INCOME, ASK THE FRONT DESK FOR AN INCOME

VERIFICATION FORM

Family Member Name	Type of Income (Wages, SSI, Child Support, etc.) and Company or Agency Name	Phone Number of Company/Income Source	Amount and Rate of Pay Annual, Monthly, Hourly

I want to add the following persons to my household effective: _____ 20____

Is this change Permanent? or Temporary?

New Adult Family Members may not reside in the unit until they have cleared screening.

Complete the following for new or proposed members, and then ask the front desk for the forms required.

	Last Name	First Name	Relationship (Spouse, Daughter, etc.)	Sex (F or M)	Is this person disabled? (Yes or No)	Social Security Number	Date of Birth	Place of Birth
1								
2								

Please remove the following person(s) from my household. Date of change: _____ 20____
Which family member? _____ and why? _____

I am elderly or a person with a disability and I have a change in medical expenses beyond what insurance or Medicare covers. Ask the front desk for a medical worksheet.

I have a change in child care expenses: Ask the front desk for a child care verification form.

My family has had a change in assets. If so, state the nature of the change and the type of asset.

The Weber Housing Authority (WHA) shall not discriminate against anyone because of race, color, sex, religion, familial status, disability, national origin, and marital status, source of income or sexual orientation in providing housing assistance. Information regarding race or ethnicity is for statistical information only. Information provided to WHA will be kept confidential and used solely to determine housing eligibility and unit type.

Please be advised that results of criminal screening (which may include FBI checks) may be grounds for denial of housing assistance.



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- Please reduce my rent. My family has had a decrease in income or hours worked. Please state the change:

Date income stopped: _____ 20 ____ Date last check you will receive: _____ 20 ____

Will anyone help you pay for any of the following items for any household member over the next year:

Assistance by any other agency or person for any of these items on a regular basis (more than once a year) is considered income. You must respond to each item!

MONTHLY EXPENSE	NO	YES	NA	IF YES, WHO HELPS YOU?	\$ MONTHLY AMOUNT OF HELP YOU RECEIVE
Rent					
Utilities					
Cable/Satellite TV					
Renters Insurance					
Groceries					
Life Insurance					
Cleaning Supplies					
Paper Products, Clothing, shoes etc.					
Laundry					
Dry Cleaning					
Grooming/Haircuts					
Car Payment					
Car Insurance					
Gasoline					
Licenses, Taxes					
Car repairs/tires					
Home phone					
Cell phone					
Internet connection					
Medical/Dental					
Prescriptions					
Glasses/ contacts					
Life lines					
Club or Team Dues/ Memberships					
Subscriptions					
Cigarettes					
Video Rentals					
Child care / Babysitting					
Dance / Music lessons					
Allowances					
School / Book costs					

OTHER CHANGES YOU WISH TO REPORT: _____

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APPLICANT CERTIFICATION

REQUIREMENT TO UPDATE AND COOPERATE: I understand that I will be required to update and verify this information prior to being offered any housing assistance. I understand that I am required to report any changes in income, family composition and/or contact information (address, phone, etc.) **in writing**. I understand that I am required to supply all information needed to determine my eligibility, level of benefits or to verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completion and execution of all required forms and releases. I understand that failure to cooperate or provide correct information may lead to either delays or denials in assistance.
_____ Initial

AUTHORIZATION TO VERIFY INFORMATION: I understand that all information on this application may be verified by the agency. I hereby authorize WHA to contact other government agencies, law enforcement agencies, employers, financial institutions, credit agencies and other sources of income to verify information regarding my income and/or family composition, reported or not. I hereby authorize those agencies to provide required information and hold those agencies harmless for information provided. _____ Initial

AUTHORIZATION TO VERIFY CRIMINAL BACKGROUND: I hereby authorize WHA to contact any federal, state, or local law enforcement agency to verify any criminal activity or background and give my consent to all legal jurisdictions to release any and all information relating to my criminal background or lack thereof. I hereby hold those agencies harmless for any information provided. _____ Initial

AGREEMENT TO NON-DUPLICATE ASSISTANCE: I certify that if provided housing assistance, the assigned housing will be my principal residence and I will not obtain duplicate federal housing assistance while I am on a program operated by WHA. _____ Initial

INFORMATION SUPPLIED IS TRUE AND COMPLET/SHARING OF INFORMATION: I certify that all the information provided on this pre-application is accurate and complete to the best of my knowledge. I have reviewed my pre-application form and certify by my signature below that the information shown is true and correct. I understand that this information may be shared with other government agencies. I understand that this is a pre-application, not a contract and does not bind either party. _____ Initial

WARNING: Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements of misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction.

PLEASE NOTE: All adult members of the family on the application must read the Certification above and sign below.

By my signature below, I acknowledge that I have read and understand the certifications above:

_____ Head of Household Signature	_____ Date	_____ Spouse or Other Adult Signature	_____ Date
_____ Adult Family Member Signature	_____ Date	_____ Adult Family Member Signature	_____ Date

Failure to report all income or change to your application in writing may jeopardize your housing assistance

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