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Marcus D. Goodson, Executive Director

The Housing Authority of the City of Fort Myers
 Housing Choice Voucher Program

SECTION 8 CHANGE FORM

Wait List Applicant []
 Section 8 Tenant []

DATE RECEIVED and
 Submitted to Caseworker:

NAME _____ SS# _____

Address: _____

Phone Number: Home: _____ Work# _____ Cell# _____

Email: _____

Dear Applicant or Client:

All changes to your application or Interim certification must be done in writing. The following form is needed ONLY if there has been a change in your address, family size, income, current housing situation. All changes must be reported IN WRITING within 10 working days of the change. Changes WILL NOT be accepted by phone. You must submit proper documentation with this form to support all changes. If the information you are now providing has not been properly reported in a timely manner, an overpayment may have occurred and you may be asked to reimburse the Housing Authority.

Section 8 Clients are responsible to continue making regular rental portion until a change has been completed and a written NOTICE has been sent indicating the new rental amounts and effective date.

PLEASE COMPLETE ALL APPLICABLE SECTIONS:

[] My **MAILING ADDRESS** has changed. My new mailing address is:

 Street address City, State Zip

[] My **WAITLIST PREFERENCE** has changed. I hereby declare that I meet one of the following preferences:

- _____ VAWA (Violence Against Women Act) VAWA Certification attached
- _____ Veteran (DD 214 attached)
- _____ Federal Declared Disaster Victim (FEMA Certification attached)



Affirmative Action / Equal opportunity Employer

[] My **FAMILY SIZE** has changed: Please indicate if you are ADDING or DELETING household member:

Adding or Deleting	Name of Individual Last Name, First Name	Date of Birth	SS#	Relationship

If you are deleting a household member, please explain why and provide proof of their new residence.

[] My **INCOME HAS CHANGED**: (Please attach proof of ALL income in household. Include employment pay stubs, child support history, TANF, Social Security, SSI retirement pension, unemployment benefits, Food Stamps, bank statements) **YOU MUST ATTACH PROOF OF ALL UPDATED INCOME – REGARDLESS OF CHANGE**

Increase or Decrease	Name of Household member with change	Source of Income change (Provide Name and address of employer)	Amount received weekly/monthly	Income Change BEGIN Date or ENDING Date

If you are reporting ZERO Income, you must complete a ZERO Income form and provide proof of how the family is meeting financial expenses. Provide copies of the last 3 months utility bills and receipts.

[] **CHILDCARE EXPENSE**: Attach receipts and proof of childcare from provider agreement and **4C's CONTRACT**

Name of childcare provider; _____ Phone # _____

Address: _____

Name of child cared for: _____ Childcare began: _____

Amount you pay: \$_____ weekly / bi-weekly / monthly (**must circle one**)

[] **OTHER CHANGE**: Please indicate any other household changes:

WARNING: Section 1001 of Title XVIII of the United States Code makes it a criminal offense to make willful untrue statements or misrepresentations to any department of the United States as to any matter within its jurisdiction.

I certify that the above information is correct, TRUE AND COMPLETE and I understand that any false information will be grounds for denial or termination with the Section 8 Housing Choice Voucher Program. I understand that I will be obligated to reimburse the HACFM any amounts overpaid on my behalf as a result of false and/or fraudulent statements and documentation.

Signature of Head of Household

Date



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