

HOUSING AUTHORITY OF THE CITY OF YUMA  
 420 S. Madison Avenue  
 Yuma AZ 85364  
 928-782-3823  
 Fax 928-343-2595

Program:

Public Housing

Section 8

**Change Report**

Head of Household: \_\_\_\_\_ SS#: \_\_\_\_\_

Current Address: \_\_\_\_\_ City/State \_\_\_\_\_

Telephone: \_\_\_\_\_ Message/Cell Phone: \_\_\_\_\_

**COMPLETE ONLY THE INFORMATION THAT HAS CHANGED:**

**DATE CHANGE OCCURRED:** \_\_\_\_\_

**[ ] INCOME:** Reason for change: [ ] New Income [ ] Increase [ ] Decrease [ ] Termination  
**Please attach check stubs or award letter for SSI, Child Support, or TANF.**

Household Member	Employer Name	Contact information: Name, Phone #, Fax #	Address	Start/ End Date	Salary Hourly or Monthly Example: \$8.00p/hr X 40 hrs/week

Other (explain): \_\_\_\_\_

**[ ] HOUSEHOLD MEMBERS/FAMILY SIZE**  
 Adding a household member requires HACY's and landlords prior written permission, they are not eligible to move in until approved by HACY.  
**If adding a new household member, please attach birth certificate and social security card.**

Name	Relation to Head	Date of Birth	Circle Add/Remove	Temp or Perm
			Add/Remove	
			Add/Remove	

Reason for change: \_\_\_\_\_

**[ ] NAME CHANGE:**  
**Please attach a copy of your new social security card.**

Old Name: \_\_\_\_\_ New Name: \_\_\_\_\_

Reason for name change: \_\_\_\_\_

[ ] OTHER:

Out-of-pocket expenses that are paid by the family.

Expenses	Name	Address	Phone Number
Child Care			
Medical ONLY (Elderly/Disabled)			
Prescriptions ONLY (Elderly/Disabled)			

**Do you or another family member have any other changes in income and/or Assets not previously listed? YES/NO**

If "YES", explain: \_\_\_\_\_

**COMPUTER MATCHING NOTICE AND CONSENT**

I/WE understand and agree that HUD or HACY may conduct computer matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of adverse information found and a chance to disapprove incorrect information. HUD or HACY may in the course of its duties exchange such automated information with other Federal, State, or local agencies.

**WARNING: Title 18, Section 1001, of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me and all household members from participation and/or may be grounds for denial of assistance.**

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

HACY Official Business:

Increase ( )

Decrease ( )

Other ( )

No Change ( )

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_