



# Lincoln Housing Authority



## Change Report Form





Name of Housing Specialist:	Date:
Head of Household (HOH):	SS#:
Spouse/Other Adult:	SS#:
Phone:	Best time to call:
Email:	

### What information do you need to change?



**IMPORTANT:** To make ANY changes to your application or file, we must have this form completed, with ALL changes in your address, income, and/or household composition, and signed. Failing to provide complete and accurate information is fraud which could result in termination of your application or of your housing assistance.

✓  
all that apply

<input type="checkbox"/>	Rent Reduction Request (LHA Tenants & Voucher holders only)	<b>I am requesting a decrease in rent based upon one of the changes below I am reporting.</b>			
		Important: You must check this box <b>and</b> provide information to support the request in one of the other boxes below if you want to request a rent reduction.  (To complete the change, you may be required to provide additional information.)			
<input type="checkbox"/>	Household Composition  	<b>I need to update who lives in my household:</b>			
		<input type="checkbox"/> I need to add someone		<input type="checkbox"/> I need to remove someone	
		Name:		Name:	
		DOB	SS#:	DOB	SS#:
		Relationship to HOH:		Relationship to HOH:	
		Sex:	Race:	What is this person's new address?	
<input type="checkbox"/>	Employment  	<b>I need to update the employment information of someone in my household:</b>			
		<input type="checkbox"/> Employment Ended		<input checked="" type="checkbox"/> New Employment	
		Who:		Who:	
		Employer:		Employer:	
		Date ended:		Address:	
		Reason employment ended?		State:	Zip:
				Hours per week:	Date Started:
		Wages:	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Wages:	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

<input type="checkbox"/>	Temporary Absence  	<b>I need to report a temporary absence for one or more members of the household. Supporting documentation will be required.</b>		
Who:		Who:		
Date absence began:		Date absence began:		
Date returned:		Date returned:		
Reason for absence:		Reason for absence:		
<input type="checkbox"/>	Other Income  	<b>I need to update the amount my household receives of the following:</b>		
<input type="checkbox"/> Child support or Alimony		\$	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Start/End Date:
<input type="checkbox"/> Social Security or SSDI		\$	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Start/End Date:
<input type="checkbox"/> ADC		\$	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Start/End Date:
<input type="checkbox"/> Unemployment		\$	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Start/End Date:
<input type="checkbox"/> Other:		\$	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Start/End Date:
<input type="checkbox"/>	Age 18+ Student Status  	<b>I am updating the student status of someone in the household age 18+.</b>		
<input type="checkbox"/> Started School		<input type="checkbox"/> Ended School		
Name:		Name:		
Age:	# of Credits:	Age:		
Date Started:		Date Ended:		
School:		School:		
<input type="checkbox"/>	Other Information  	<b>I need to report other changes in my household.</b>		
		Please explain:		

**APPLICANT ONLY SECTION**

<input type="checkbox"/>  	Address (Applicants only)	<b>I am waiting to get housing assistance and need to change my address on file:</b>			
	Old Address		New Address		
	Street/Apt #:		Street/Apt #:		
	City:		City:		
	State:	Zip:	State:	Zip:	
<input type="checkbox"/>  	Preference (Applicants only)	<b>I am waiting to get housing assistance and am requesting the following preferences be added to my application:</b>			
	<input type="checkbox"/> Disaster: Displaced by a disaster such as a flood or fire and my unit is unlivable.				
	<input type="checkbox"/> Domestic Violence: Displaced and now homeless because of domestic violence. Name of shelter or contact for verification: _____ Phone number: _____				
	<input type="checkbox"/> Homeless: My household lacks a fixed, regular, adequate nighttime residence, is living in an institution that provides a temporary residence for persons intended to be institutionalized or is residing in a public or private place not designed to be used as a regular sleeping accommodation. Name of agency or contact for verification: _____ Agency or contact phone number: _____ Agency or contact address: _____				
	<input type="checkbox"/> RentWise: I am providing a copy of my RentWise Certificate of Completion.				

**Continue on next page**



### AUTHORIZATION TO RELEASE INFORMATION

Your signature on this form and the signature of each member of your household who is 18 years of age or older authorizes the Lincoln Housing Authority (LHA) of Lincoln, NE to use this authorization and the information obtained with it to administer and enforce rules and policies.

Using this Authorization, information may be requested from but is not limited to: banks and other financial institutions, courts, law enforcement agencies, credit bureaus, landlords, past and present employers, medical providers, educational institutions, social service agencies, utility companies, child care providers, neighbors, and the U.S. Post Office.

By signing this form, you are authorizing persons, firms, or corporations to make available any documents or records to the LHA for inspection and copying.

By signing this form, you are also certifying that all the information given on this form is accurate and complete to the best of your knowledge or belief. You are certifying that you understand that false statements given to LHA may cause your household to be denied housing assistance or to lose housing assistance and could result in punishment under Federal Law.

_____ Signature of Head of Household	_____ Printed Name	_____ Date
_____ Signature of Spouse/Co-Head	_____ Printed Name	_____ Date
_____ Signature of Other Adult	_____ Printed Name	_____ Date
_____ Signature of Other Adult	_____ Printed Name	_____ Date
_____ Signature of Other Adult	_____ Printed Name	_____ Date