



HOUSING AUTHORITY OF THE CITY OF YORK

31 SOUTH BROAD STREET
YORK PA 17403

PHONE (717) 845-2601

TDD ONLY (717) 846-9157

PUBLIC HOUSING RESIDENTS CHANGE FORM - PLEASE PRINT

NAME OF HEAD OF HOUSEHOLD _____ SSN # _____

Address _____ City/State _____ Zip _____

Phone _____ Email _____

REASON FOR REQUESTING AN UPDATE OF YOUR FILE

Income Increase

Income Decrease

FORMER EMPLOYMENT/UNEMPLOYMENT

Name of Household Member _____

Employer _____ Address of Employer _____

Last Date Worked _____ Late Date Paycheck Received _____

Are you eligible for unemployment? Yes No If yes, what is the weekly amount? _____

PROVIDE PRINT OUT FROM THE UNEMPLOYMENT OFFICE SHOWING YOUR APPROVAL OR DENIAL

NEW EMPLOYMENT INFORMATION

Name of Household Member _____

Employer _____ Address of Employer _____

Is this employer an employment agency? Yes No Date employment stated _____

Number of hours hired to work per week _____ Wages being paid per hour \$ _____

How are you paid Weekly Bi-Weekly Monthly Shift Worked _____ Shift Differential _____

Are you currently, or were you involved in a training program Yes No

If yes, please list the name of the program _____

Start date of the program _____ End date of the program _____

TANF/CASH ASSISTANCE

Name of Household Member _____

Name(s) of person(s) TANF/Cash assistance is for _____

Case Number _____ Name of Case Worker _____

If you are receiving TANF (cash assistance), will your monthly grant change? Yes No If yes, when _____

Amount of TANF received _____ Date change effective _____ Date of last check if closed _____

Are you currently, or were you involved in a training program Yes No

If yes, please list the name of the program _____

Start date of the program _____ End date of the program _____

SUPPORT/COURT ORDERED/VOLUNTARY

Name of Household Member _____

Name(s) of person(s) support is for _____

Court Order Number _____ Name of Person Paying Support _____

Mailing Address of the person paying support _____

Amount of court order \$ _____ Weekly Bi-weekly Monthly

Date support began _____ Date of last support check _____

**SOCIAL SECURITY (SS)/SUPPLEMENTAL SECURITY INCOME (SSI) VETERANS BENEFITS
(VA)/Pension**

Name of household member receiving SS/SSI/VA/PN _____

Name of household member SS/SSI/VA/PN is for _____

Benefit amount SS \$ _____ SSI \$ _____ VA \$ _____ PN \$ _____ Date of Change _____

Social Security Number(s) under which benefits are received _____

SUPPORT/COURT ORDERED/VOLUNTARY

Will you be paying for childcare Yes No Amount _____ Weekly Bi-weekly Monthly

Name of Childcare Provider _____ Mailing Address _____

Is this childcare subsidized Yes No

Please list the names of all persons living in your household

I/We hereby authorize the release to the York Housing Authority information relative to my/our continued occupancy such as family composition, and family income, such as employment, unemployment, support, welfare (TANF), Social Security, Supplemental Security Income, Veteran's pension, and assets. Support includes payments through a court or voluntary payments. This authorization will continue in force and effect until terminated in writing by the undersigned.

I/We certify that the information given to the York Housing Authority on household composition, income family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief.

I/We Understand that false statements or information are punishable under federal law. I/We also understand that false statements or information is grounds for termination of housing assistance and termination of tenancy.

**IF YOU ARE CLAIMING ZERO INCOME, YOU MUST COMPLETE A HOUSEHOLD
BUDGET CHECK LIST**

HEAD OF HOUSEHOLD SIGNATURE _____ DATE _____

CO-HEAD OF HOUSEHOLD SIGNATURE _____ DATE _____

Warning!! Section 1001 of title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

Upon request, the Housing Authority will provide free interpretation services to limited-English proficient persons.

Si usted solicita con anticipación, la Autoridad de Vivienda proporcionará servicios de interpretación gratuitamente a las personas con habilidades limitadas del idioma inglés.