



1954 E. Houston Street • Suite 104 • San Antonio, Texas 78202
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HCV PROGRAM - CHANGE REQUEST

Head of Household Name: _____ SSN: XXX - XX

Current address: _____ City, State: _____ Zip Code: _____

Current telephone: _____ E-mail: _____

INCOME CHANGE: My income has: **Increased** or **Decreased** (Attach check stubs and other support documentation)

INCREASES:

New Income **Increase on current income**

Family Member Name	Source of Income (employer-wages, SS or SSI, Pension, etc.)	Current Amount (Pay Rate)	Frequency (W,B,SM,M)

DECREASES:

Loss of Income: **Temporary loss** **Permanent loss**

Family Member Name	Source of Income	Effective Date of Termination	Date of Last payment

Frequency (W - weekly, B - bi/weekly, SM - semimonthly, M - monthly)

Decrease on current income

Family Member Name	Source of Income (employer-wages, SS or SSI, Pension, etc.)	Current Amount (Pay Rate)	Frequency (W,B,SM,M)

Frequency (W - weekly, B - bi/weekly, SM - semimonthly, M - monthly)

NOTE: Your changes will NOT be process if proof on Income or non-income is not submitted at the time of the appointment. The family will continue to pay the current rent portion until you submit proof of income. Any child support changes please provide current document for faster process.

HOUSEHOLD CHANGE:

Have there been any changes to the number of people in your household? **Prior to moving anyone into the unit you must have the landlord complete the change of family composition form to (ADD) a family member to the lease.** If REMOVING someone from current lease you must provide 3 proofs of current residency such as: current residential lease, (CPS, SAWS, BEXAR MET or telephone bill land line) a current Picture ID or DL showing current home address.

Type of Change	Family Name	Social Security#	D.O.B	Income	Relation to HOH

To add a member, provide: Birth Certificate, SS card, ID, Income and assets proof. If 18 or older will need to do Criminal History before they can be added.

CHILDCARE EXPENSES: **YES** **NO** Do you or any household member pay current childcare? If YES please provide the name, address and telephone number of the childcare provider. > Are you on the CCDS Program? **YES** **NO**

Name of childcare provider	Address and telephone#	# of children	Amount paid by family (weekly, bi-weekly, monthly)

STUDENT STATUS CHANGE: **YES** **NO** Is someone other than the Head of Household currently attending College/University. They must attend College/University for 12 hours or more and provided a Full-time Student Certification from the educational institution. To be considered as a dependent.

Adult Student Name	Name of College currently attending	# of hours	Spring/Fall Semester

I/we certify that the information given above is accurate and complete to the best of my knowledge and belief. I/we understand any attempt to obtain housing assistance, any rent subsidy or rent reduction by false information, I/we have presented, failure to disclose or other fraud (and any act of assistance to such attempt) is a crime under federal law. I/we also understand that all changes in the income of any family member of the household as well as any changes in the household must be reported to your caseworker no later than (10) ten days from the date the changes occur.

HOH Signature: _____

Date: _____

Signature: _____

Date: _____