



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

Michael Morrissey
 Executive Director

CHANGE OF CIRCUMSTANCE

Head of Household: _____ SS#: _____

Current Address: _____ City/State _____

Telephone: _____ Message/Cell Phone: _____

PROGRAM: Housing Choice Voucher Low-Rent Public Housing

COMPLETE ONLY THE INFORMATION THAT HAS CHANGED:

DATE CHANGE OCCURRED: _____

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

Old Name: _____ New Name: _____

Reason for name change: _____

HOUSEHOLD MEMBERS/FAMILY SIZE
 Adding a household member requires HACY's and landlords prior written permission
If adding a new household member, please attach birth certificate and social security card.

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

Reason for change: _____

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

Household Member	Amount of Income	Frequency Week/month	Source of Income	Start/ End Date	Contact information: Name, Phone #, Fax #

Other (explain): _____

[] ASSETS**CIRCLE ONE**

Do you or another family member have a checking or savings account?

YES NO

If "YES", complete the following section and provide a current bank statement.

Checking Account Number	Banking Facility (Name, Address, Telephone)	Current Balance
Savings Account Number	Banking Facility (Name, Address, Telephone)	Current Balance

[] OTHER:

Out-of- pocket expenses

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