



Change Form

Please report all changes within 10 days.

All Household Members

Name	Sex	Date of Birth	Birthplace	Relation	SS #

Current Address: _____ Telephone: _____

Income increase Income decrease Change in family composition Medical expense (Elderly/Disabled) Other:

Reason for Change: _____

Regarding what Family Member: _____

Household Income: Per Month

Social Security (Self)	\$	Unemployment	\$
Social Security (Other)	\$	Self-Employment	\$
Supplemental Security Income (SSI)	\$	Tips/Gratuities	\$
V.A. Pension	\$	Temporary Assistance for Needy Family (TANF)	\$
Other Pensions	\$	Supplemental Nutrition Assistance Program (SNAP)	\$
Child Support	\$	Other	\$

Employment: Income per Month

Family Member:	Employer Name:	Mailing Address/Phone:	Gross Income:	Hours worked per week:

I/we do hereby swear and attest that all of the information above is true and correct. I/we understand that providing false or misleading information is punishable under federal and state law and is grounds for termination of housing assistance and termination of tenancy.

Head of household signature _____ Date _____

Other adult signature _____ Date _____



Authorization for Release of Information

The Housing Authority of Lincoln County uses this authorization and the information obtained with regards to housing assistance and program enforcement of the affordable housing programs it administers.

Individuals or Organizations Requested to Release Information

Any of the following individual organizations including any governmental organizations may be asked to release information:

- Employers, Past & Present
- Banks and Other Financial Institutions
- State agencies such as Welfare & Social Services
- Providers of: Alimony, Child Care, Child Support, Credit Handicapped Assistance, Medical Care, Pensions/Annuities
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Schools and Colleges
- Courts & Law Enforcement Agencies
- Post Offices
- Utility Companies
- Credit Bureaus
- Current & Previous Landlords (including Public Housing Agencies)
- Professional Personal References
- Other, i.e.. Referral Agency:

Information Covered

Information shared may include:

- Child Care Expenses
- Credit History, Financial Concerns
- Criminal Activity, Legal Issues
- Family Composition
- Employment, Income, Pensions and Assets
- Federal State, Tribal or Local Benefits
- Handicapped Assistance Expenses
- Medical, Psychological, or Psychiatric Issues
- Identity and Marital Status
- Social Security Numbers
- Residences and Rental History

Authorization

- I authorize the release of any information (including documentation and other materials) pertinent to eligibility for participation regarding housing assistance and program enforcement of affordable housing programs administered by the Housing Authority of Lincoln County.
- I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in affordable housing programs administered by the Housing Authority of Lincoln County.
- I agree that photocopies of this authorization may be used for the purposes stated above.
- This authorization will stay in effect for **fifteen months** from the date signed.

Signature _____

Print Name _____

Last 4 digits of SSN: XXX-XX-_____

Date _____

Signature _____

Print Name _____

Last 4 digits of SSN: XXX-XX-_____

Date: _____