

Greenville Housing Authority, 601 Beeland Street, Greenville, AL 36037
Applicant/Tenant Change Form

Dear Applicant/Tenant:

The following information is needed **ONLY** if there has been a change in your address, family composition, income, current housing or living arrangements.

PLEASE PRINT AND COMPLETE ENTIRE FORM

Applicant/Tenant Name: _____ SSN: _____

Current Address: _____

Email: _____

Phone Number(s): Home # _____ Cell # _____ Other/Message # _____

Check the box that applies to your Application Change:

- My **mailing address** has changed. My new mailing address is:

- My **family composition** has changed. My new family composition is as follows:

Name	Relationship to HOH	Sex	Age	SSN	DOB

Please Note: If you are removing a family member from your application, please indicate the reason why: _____

- My **housing situation** has changed. My new housing information is as follows: _____

- My **family income** has changed. My new family income is as follows:

Please update your income: Employment, Unemployment Comp., Social Security, SSI, TANF, Child Support, Direct Contributions, etc.

Employer, SS, SSI, TANF, Contributions, etc.	Phone #	Address	Rate of Income	Start Date

Former Income:

Employer, SS, SSI, TANF, Contributions, etc.	Phone #	Address	Rate of Income	End Date

Reason for leaving job or income change? _____

Have you signed up for Unemployment? Yes No Will you sign up for Unemployment? Yes No

If you sign up for Unemployment you are required to provide documentation to this office of eligibility or denial no later than 10 days of you receiving notice.

Are you a student enrolled at an institution of higher education? Yes No

It is your responsibility to report all income in your household and any changes in family size or family income in a timely manner.

WARNING:

Section 1001 of Title XVIII of the United States Code makes it a criminal offense to make willful false statement or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction. I certify that the above information is correct and I understand that any misrepresentation will be grounds for denial or termination with the Multifamily Housing Program or Section 8 Housing Choice Voucher Program.

Tenant/Applicant Signature

Date

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any Investigator or other Authorized Representative of the Housing Authority of the City of Greenville, Alabama, bearing this release or copy thereof, to obtain any information in your files pertaining to the following: Employment; Unemployment; Income from benefits from the Social Security Administration (SS or SSI), Veterans Administration (VA), Department of Human Resources (Welfare, food stamps, etc.); Military, Credit and Educational records including by not limited to financial, academic achievement, attendance, athletic or disciplinary records; Criminal, civil and/or traffic records; Personal history and reference; and Medical history and records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Housing Authority of the City of Greenville. Consent is granted for the Housing Authority to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

This Consent is in effect as long as I am an applicant for or resident of any apartment complex under the management of the Housing Authority of the City of Greenville or any program administered by said Authority. Should there be any question about the validity of this release, you may contact me.

Signed this _____ day of _____, _____.

Signature: _____

(Type or print full name)

Birthdate: _____

(Month) (Day) (Year)

Race: _____ Sex: _____

Social Security No.: _____

WITNESS:
