

Caseworker's  
Initials

Rexam  
Month

Waitlist

Participant

**CITY OF TEMPE HOUSING SERVICES**  
3500 S Rural Rd, Suite 202- Human Services  
Tempe, Arizona 85282

**CHANGE IN INCOME/HOUSEHOLD COMPOSITION**

**You must complete this form and provide verification for changes that occur to your family income and/or household composition within ten (10) calendar days from the effective date of the change, in writing. Changes are not accepted over the telephone. Submit the original of this form to Tempe Housing Services. Keep one copy for your records. WAITING LIST APPLICANTS:** Any changes that occur to your waiting list preference, income and/or household composition **must** be reported to ensure placement on the waiting list is correct. Also, a **Wait List Preference Certification form must** be completed.

Check all areas below that apply to your household. Fully complete the requested information.

**FAMILY INCOME. Provide verification to this change.** This includes earned and unearned income and all assets. Examples: letter of employment with effective date of change with beginning or termination date, one month of paystubs, employment contract, child support letter, benefit award letter, etc.

A decrease in income was **effective** on: \_\_\_\_\_ For \_\_\_\_\_ (First & Last name)  
 Decrease in hours  Termination or resignation  Other: \_\_\_\_\_

▪ Employer/Agency name: \_\_\_\_\_

▪ Employer address: \_\_\_\_\_

▪ Employer telephone: \_\_\_\_\_ Employer fax: \_\_\_\_\_

An increase in income was **effective** on: \_\_\_\_\_ For \_\_\_\_\_ (First & Last name)  
 Raise  Increase in hours  New job  Other: \_\_\_\_\_

▪ Employer/ Agency name: \_\_\_\_\_

▪ Employer address: \_\_\_\_\_

▪ Employer telephone: \_\_\_\_\_ Employer fax: \_\_\_\_\_

Program Participants only: We will determine if your change will result in a change to your portion of the rent and notify you of our determination in writing. Failure to provide verification of decrease may delay processing.

**HOUSEHOLD COMPOSITION. Provide verification of this change and household member information.**

**Program Participants only:** You **must** obtain approval from both your landlord **and** Tempe Housing Services before adding a person to your household.

I wish to add  Minor(s)  Adult(s) to my household on **effective** date: \_\_\_\_\_. Please explain and list the name and relationship of person(s) you wish to add: **Name:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

I wish to add a Live-In Aide to my household on **effective** date: \_\_\_\_\_. Please list the name of the person you wish to add: **Name:** \_\_\_\_\_

A member is leaving, or has left, my household on **effective** date: \_\_\_\_\_. Please explain and list the name and relationship of person(s) that is leaving: **Name:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_ **New**  
**Address** \_\_\_\_\_  
**Reason:** \_\_\_\_\_

Other information I would like to report: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PRINT:**

**Name:** \_\_\_\_\_

**Head of Household's Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_ **Tempe, AZ Zip Code:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Daytime Phone:** (\_\_\_\_) \_\_\_\_\_

I, the undersigned, certify that the information reported on this form is true and correct. I understand that giving false, incomplete, and/or inaccurate information is punishable under Federal and State law and is grounds for termination from the Section 8/ HCV rental assistance program.

\_\_\_\_\_  
**Head of Household or Other Adult member Signature**

\_\_\_\_\_  
**Date**

Distribution: Original to Tempe Housing Authority – Copy to Participant