



Housing Authority and Urban Renewal
Agency of Polk County

204 S.W. Walnut Avenue, Dallas, OR 97338

Phone (503) 623-8387 • Fax (503) 623-6907 • VSR (877) 326-3877

www.wvpha.org

INTERIM – CHANGE FORM

To help expedite the processing of your change, please print clearly in black or blue ink.

Head of Household Name

Date

Current Address

City

State

ZIP

Phone Number

- TYPE OF CHANGE:**
- Increase in Income
 - Decrease in Income
 - Family Composition

Date Change Occurred

PLEASE DESCRIBE YOUR CHANGE:

If you are reporting any change in income, please include the name, address and telephone number of the employer or agency this income comes from:

I hereby certify that all of the information I have provided on this form is true and complete.

Signature of Head of Household

Date

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.



To report changes in your household, please complete and submit the Change Form on the reverse side of this sheet. Adjustments are made effective on the first of the month only. There are no retro-active adjustments.

1. **DEADLINE FOR SUBMISSION:** If you are reporting a decrease in your total household income, this completed form and verifications must be received by the Housing Authority office **NO LATER THAN THE 20TH OF THE CURRENT MONTH**, in order for an adjustment to be made to your rent portion for the upcoming month. **If the completed form and verification is not received by the deadline, an adjustment will not be made.**
2. If you are reporting an increase in your total household income, you must submit this completed form and verifications WITHIN 10 days of the change. If the Housing Authority makes an adjustment to your rent, you will be notified in writing at least 30 days prior to the effective date of the rent change.
3. If you are reporting a change in family composition to delete a family member that NO LONGER resides in your unit, you **MUST** provide proof of the family member's residence. Acceptable forms of proof include rental agreements or utility bills.
4. If you want to add another person to your household, you **MUST** obtain an Add to Household Application from your Caseworker.

PLEASE SEE REVERSE SIDE

APPLICANT / TENANT CERTIFICATION

NOTIFICATION: The information you have previously provided will be kept as confidential as possible. However, you should be aware that the information reported to the West Valley Housing Authority may be seen by someone other than the Housing Authority staff. (i.e. an auditor)

GIVING TRUE AND COMPLETE INFORMATION: I/We certify that all the information provided to the West Valley Housing Authority on household composition, income, family assets, allowances and deductions, is accurate and complete to the best of my/our knowledge. I/We understand that false statements or information are grounds for termination of housing assistance or tenancy.

REPORTING ON PRIOR HOUSING ASSISTANCE: I/We certify that I/We have disclosed where I/We received any previous Federal housing assistance and whether or not any money is owed. I/We certify that for this previous assistance I/We did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

NO DUPLICATE RESIDENCE OR ASSISTANCE: I/We certify that the assisted unit will be my/our principle residence and that I/We will not obtain duplicate Federal housing assistance while I/We are on this program. I/We will not live anywhere else without notifying the Housing Authority immediately in writing, as well as my/our landlord. I/We will not sub-lease my/our assisted residence.

COOPERATION: I/We know I/We are required to cooperate in supplying all information needed to determine my/our eligibility, level of benefits, or to verify my/our true circumstances. Cooperation includes attending scheduled meetings and completing and signing needed forms. I/We understand failure or refusal to do so may result in delays, termination of assistance or eviction from tenancy.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION: I/We understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, income or inaccurate information is grounds for denial or termination of housing assistance and/or termination of tenancy.

After verification by West Valley Housing Authority, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 or Form HUD-50059 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic media tape. See the Federal Privacy Act Statement for more information about its use.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free hotline at 800-669-9777.

ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER ARE REQUIRED TO SIGN THIS FORM

Signature of Head of Household

Date

Signature of Spouse / Co-Head

Date

Signature of Other Adult

Date

Signature of Other Adult

Date