



Executive Director



Diane Small

Board of Commissioners

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CHANGE FORM

*Note: if you are a current tenant and want a change to take place for the next month, YOU MUST return this form and required verifications no later than the 20th of the preceding month.

Name: Phone: Email:

Address: SS#:

If you are on the waiting list, what waiting list(s) are you on? Section 8 Sanford Housing Properties

TYPE OF CHANGE:

- income change address change name change school change phone number change
adding a member to the family removing a member from the family I am now disabled
I am a veteran I am now age 62

MY INCOME or SCHOOL CHANGE IS:

- I have started work OR I am no longer working As of:
I have gotten a reduction in hours at work OR I have increased my work hours
I have started school OR I am no longer in school As of:
TANF increase OR TANF decrease As of: New Amount: \$
Child support increase OR decrease As of: New Amount: \$
Social Security increase OR decrease As of: New Amount: \$
I started receiving unemployment at \$ per week, as of this date:
I am receiving alimony in the amount of & per week
Other income change:

Name and Address of Employer: Employer Phone:
Rate of Pay: \$ hours worked per week

Name and Address of School:
School Phone:

PLEASE LIST ANY ADDITIONAL HOUSEHOLD INCOME BELOW

Table with 3 columns: Household Member Name, Source of Income, Amount of Income



HOUSEHOLD CHANGE:

Name of person being added/deleted from the household: _____

SS# of person being added/deleted: _____ DOB of person being added/deleted: _____

If the individual you would like to add to your household is not your child, please indicate the reason you would like to add the identified member to your household:

I do hereby swear and attest that all the information above is true and correct. I understand that I am to report all changes in income, address, school or members of my household to Sanford Housing Authority immediately, in order to keep my application in good standing.

Signature Head of Household Signature of other Adult (if applicable) Date

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IN GUILTY OF A FELONY FOR KNOWINGLY OR WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

PLEASE RETURN TO :

**SHA
PO Box 1008
Sanford, Maine 04073
207-324-6747, ext. 115**

OR

**Drop in our locked drop box on the outside of our building at
17 School Street
Sanford, ME 04073**

