

CHANGE FORM

Diane Small

*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.

Under the Housing Opportunity Through Modernization Act (HOTMA), households who own property they could live in will no longer be eligible for the program. Households with assets over \$100,000.00 will also no longer be eligible. You are required to answer the final 2 sections of this form which addresses these two situations.
 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 t	to the familyr	emoving a member from	the family	I am now disabled
I am a veteran	I am now age 62	I now own proper	ty my to	otal assets exceed \$100,000.00

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					

Household Member Name Source of Income Amount of Income



17 School Street, P.O. Box 1008 Sanford, ME 04073 | P: (207) 324-6747 | F: (207) 324-6870 TDD Communicator: (800) 545-1833 Ext. 514 Website: www.sanfordhousing.org | Email: info@sanfordhousing.org

HOUSEHOLD CHANGE:

Name of person being added/deleted from the household:

SS# of 1	person being added/deleted:	DOB of r	person being	added/deleted:	

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

PROPERTY OWNERSHIP

I/we now own real estate/property with an address of:	
SHA will require completion of a "Property Ownership Declaration" Fe	orm

TOTAL ASSETS EXCEED \$100,000.00

Do the total assets in	n your household	exceed \$100,000.00?	YES	NO

If yes, please list type of asset, such as bank account, CDs, money market accounts, life insurance cash value. SHA will require 3rd party verification of all assets

Signature Printed Name Date Printed Name Signature Date

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 OF FREADULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

PLEASE RETURN TO: SHA P.O. Box 1008 Sanford, Maine 04073

OR

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



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