HOUSING AUTHORITY OF THE TOWN OF PHILLIPSBURG
SECTION 8 HCV PROGRAM

530 Heckman Street, Phillipsburg, NJ 08865
Phone #: (908) 859-0122 Fax #: (908) 859-1574

INTERIM CHANGE REPORTING REQUIREMENTS FOR CHANGE IN HOUSEHOLD COMPOSITION

HOUSEHOLD COMPOSITION: Families must request HATOP approval to add a new family member, live-in aide, foster child, or foster adult. Families must report all changes in family and household composition that occur between regular reexaminations within 10 business days, including if a household member ceases to reside in the unit.

☐ ***I AM" ADDING" A NEW HOUSEHOLD MEMBER:*** *(I understand that he/she may not reside in the unit or use the address for any reason, including the receipt of mail, until I receive written permission from the Housing Authority Office (excluding newborns)*

Name	Relationship	DOB	Disabled Y/N	Full-time student -Name of School

The following is required for all new household members:

- ❑ All changes in household composition must be approved by the housing agency
- ❑ Letter from Landlord approving the addition of the household member is required
- ❑ Birth certificate & Social Security Card & photo ID if member is age 18 and over
- ❑ Income, asset, verifications are required
- ❑ If the new household member is 18 or over a Criminal Background check will be conducted
- ❑ An appointment will be required if the member is age 18 and above
- ❑ Declaration 214 (citizenship status declaration)

If you or anyone in your family is a person with disabilities, and you require a specific accommodation to fully utilize our programs and services, please contact the housing authority.

☐ ***I AM "REMOVING" A HOUSEHOLD MEMBER:***

Name of departing member(s): _____

New Address: _____ **(PROOF MUST BE PROVIDED)**

CERTIFICATION

I understand that HATOP will notify me in writing of any change in the rent, including the effective date of that change. I will continue to pay my current rent until the effective date of the change as notified by HATOP.

Giving True and Complete Information:
I certify that all information provided to the Housing Authority of the Town of Phillipsburg regarding household composition, income, assets, and expenses is accurate and complete to the best of my knowledge and belief. I understand that failure to report required changes is grounds for termination from the program. I understand I am required to cooperate in supplying all information needed to determine my eligibility and level of benefits. This includes attending scheduled meetings/inspections and completing and signing required forms. I understand failure to do so may result in termination form the program.

X_____ _____ _____
Head of Household Printed Name **Signature** **Date**

X_____ _____ _____
Spouse/Co-Head/Member over 18 Printed Name **Signature** **Date**

Section 1001 of Title XVII of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction and has established penalty of fines up to $100,000 and/or imprisonment not to exceed 5 years

PHA USE ONLY:

DATE FORM RECEIVED: _____ **DUE DATE:** _____

DATE DOCUMENTATION RECEIVED: _____ **DATE CHANGE PROCESSED:** _____