

CHANGE REPORTING FORM

Please complete this form with an ink pen. This form must include all changes/updates for all household members and must be completed thoroughly with proof of change(s). You must return the completed form with proof to our agency in person, via email at participants@nvrural.org or fax at 775-887-1798 before any adjustment to your assistance can be made.

Name of Head of Household _____

Unit Address _____ City _____ ZIP _____

Phone Numbers: Mobile # _____ Home # _____ Email _____

CHANGE BEING REPORTED (Please check the applicable boxes):

- Increase in household income. If so, Who? _____ Did he/she start working? Yes No
- Decrease in household income. If so, Who? _____ Did he/she stop working? Yes No
- Removing a member from the household. If so, Who? _____ When did said person move out? _____
- I am requesting to add an additional member to my household
- Other: _____

PLEASE INDICATE THE CHANGES THAT YOU ARE REPORTING (Be specific and list all changes in household composition, income, assets, and/or expenses). **Please attach proof of all changes.**

Household Composition: I am requesting to ADD or Remove the following Family Member(s):

	Legal Name (As shown on Social Security Card)	Relation to Head of Household	Date of Birth	Request
1				<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE Date Moved:
2				<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE Date Moved:
3				<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE Date Moved:

* Use an additional piece of paper if you need more room.

Income Changes: List ALL changes of income for ALL household members regardless of age. This includes income changes(s) for current household members or for a new member you are requesting to add to the household.

	Name of Family Member	Source of Income	Amount	Frequency Weekly/monthly/etc.	Start/End Date
1					
2					
3					

Employer Name: _____

Employer Phone Number: _____



You must submit current verification of the change being requested (ex: last two current check stubs, employment verification/hire offer letter from employer, exit/termination letter from employer, current statement of benefits received from the appropriate agency). All supporting documentation MUST be supplied verifying the change(s) to process this request. "Current" means documents no older than 30 days from the day you submit to our agency.

Does any household member receive additional income or receive financial support from anyone outside of your household? YES NO

If yes, please explain and provide proof:

Childcare:

Have your childcare costs changed since your last re-exam? YES NO

If yes, how much? _____ Please attach proof of change for adjustment.

Medical Expenses (Elderly or Disabled Families Only)

Has there been an increase or decrease in medical expenses since your last re-exam? YES NO

If yes, how have they changed? _____

Attach proof of change for adjustment.

Household Information: Mark your responses to the following questions:

Have any household members ever:

Been arrested for, charged with, or convicted of possession, manufacture, or distribution of a controlled substance? YES NO

Been arrested for, charged with, or convicted of drug-related criminal activity in the last three years? YES NO

Been arrested for, charged with, or convicted of violent criminal activity in the last three years? YES NO

Been arrested for, charged with, or convicted of ANY crime other than a minor traffic violation? YES NO

Used any name(s) or Social Security Numbers other than the one currently used? YES NO

If the answer to any of the above is "YES", please explain: _____

If you are a person with a disability and need help reading or filling out this form you may contact our Section 504 Coordinator Mishon Hurst at (775) 887-1795 or TTY (800) 545-1833 ext. 545. You have the right to ask the Housing Authority to make a reasonable accommodation of any sort to make NRH programs accessible for you. This document is available in alternative formats.

Certification: I do hereby swear and attest that all the information above regarding myself and my household is true and accurate. I understand all changes within my household must be reported to the Housing Authority in writing within 10 business days.

WARNING! TITLE 18, SECTION 1001, OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

ALL ADULTS MUST SIGN THIS FORM

Signature of Head of Household or Co-Head

Date

Signature of Other Adult

Date

Signature of Other Adult

Date