

RENT ADJUSTMENT REPORTING FORM

Date: _____

Phone: _____

Resident's Name: _____

Address: _____

(When reporting your change, please indicate by name the person in the household who has the change and describe the change).

- | | |
|---|--|
| <input type="checkbox"/> New Employment
<input type="checkbox"/> Unemployment Started/Stopped
<input type="checkbox"/> Asset Change
<input type="checkbox"/> Child Care Expenses | <input type="checkbox"/> Income Change
<input type="checkbox"/> Add/Remove Family Member
<input type="checkbox"/> Increase in Medical Expenses
<input type="checkbox"/> Other _____ |
|---|--|

Date when the change took place: _____

In addition to reporting the above change, list everyone in the household and their income.

NAME	SOURCE OF INCOME
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RESIDENT CERTIFICATION

I/We certify that the information given to the Elizabethton Housing and Development Agency, Inc., on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature

Date

After verification by this Housing Agency of your reported change, the information may be submitted to the Department of Housing and Urban Development on Form 50058. If you believe you have been discriminated against, you may call

the Fair Housing and Equal Opportunity National Toll Free Line at 1-800-669-9777.

FOR EHDA USE ONLY Received by: _____ Person: _____ Telephone: _____

PH: _____ S8: _____

Documentation Sent: _____ By: _____

Date Received: _____

Change requires an Interim Adjustment:	yes	no
Change at Annual Re-examination:	yes	no

EHDA Employee

Date