

CHANGE OF INFORMATION FORM GRAND JUNCTION HOUSING AUTHORITY 8 FORESIGHT CIRCLE, GRAND JUNCTION, CO 81505 Telephone 970-245-0388 FAX 970-241-5514	Date Stamp Office Use ONLY!	Preference Points <hr/>	
		Staff's Initials <hr/>	
		Bed Size <hr/>	

NEW Info check <input type="checkbox"/> Currently on Waitlist Change of Information <input type="checkbox"/> Section 8 Voucher Holder/Property Change of Information ▶	Section 8 Voucher Holders/Properties Only Case Worker: _____
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1. Head of Household (HOH) (Required) <hr/> <div style="display: flex; justify-content: space-between;"> Last Name First Name Middle Initial </div> <hr/> <div style="display: flex; justify-content: space-between;"> Mailing Address Apt. # City State Zip </div> <hr/> <div style="display: flex; justify-content: space-between;"> Address where you are currently living City State Zip </div>	2. Personal Information (Required) <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> Social Security Number Birth Date (mm/dd/yy)	3. Telephone Number (Required) Home <hr/> Work <hr/> Other <hr/>
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4. Please Add or Remove Family Members (If you are a voucher holder you will have to provide proof)																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:20%;">Last Name</th> <th style="width:20%;">First Name</th> <th style="width:15%;">Relation to HOH</th> <th style="width:5%;">Sex</th> <th style="width:20%;">Social Security Number</th> <th style="width:10%;">Date of Birth</th> <th style="width:10%;">Age</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Add</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Remove</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Add</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Remove</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Last Name	First Name	Relation to HOH	Sex	Social Security Number	Date of Birth	Age	<input type="checkbox"/> Add								<input type="checkbox"/> Remove								<input type="checkbox"/> Add								<input type="checkbox"/> Remove							
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5. (a) Change of Income for ALL household Members: (Required) Do not include <u>employment</u> income of children under 18. <input type="checkbox"/> No Adult Family member is employed at this time <input type="checkbox"/> Unemployment <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> SSA/SSI/SSDI <input type="checkbox"/> Child Support <input type="checkbox"/> TANF/AND/OAP <input type="checkbox"/> Self Employed <input type="checkbox"/> Wages/Employer - Name and location of employer: _____ Name of Employed Household Member _____ Name and Location of Employer (Example: Grand Junction, Palisade, Fruita, etc.)	5. (b) List Total Income (Required) <input type="checkbox"/> Paid by the hour \$ _____ <input type="checkbox"/> Paid by the week \$ _____ <input type="checkbox"/> Paid by the month \$ _____	5. (c) Hours worked (Required) # _____ Hrs per week 6. Student Status (Required) Is the HOH a Full time student? <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ Hrs
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7. Additional Programs <input type="checkbox"/> Section 8 <input type="checkbox"/> Ratekin Towers- Serves Elderly/Disabled 1 BR <input type="checkbox"/> Walnut Park- Serves Elderly/ Disabled 1 BR <input type="checkbox"/> Capital Terrace – Serves Families 2-3 BR	<p>I herby certify that the information I have provided in this pre-application is true and accurate. I am aware that Federal Law provides for a fine and/or imprisonment for any person who fraudulently receives assistance to which he/she is not entitled. I understand that any misrepresentation or false information will result in my application being cancelled or denied, or in termination of housing assistance. I understand that at the time of my eligibility interview, I will be required to provide verification of the information I have provided on this pre-application, in accordance with Federal Housing Regulations and GJHA policy. I accept full responsibility for keeping GJHA informed of my current address and I understand that my application will be removed from all waiting lists if I fail to do so. I understand that the GJHA will contact me by mail and if I do not respond in the required time frame, or my mail is returned to the GJHA, I will be removed from all waiting lists. I certify that all answers and information give by me are true, correct, and accurate to the best of my knowledge.</p> <hr style="width: 50%; margin-left: 0;"/> <div style="display: flex; justify-content: space-between;"> Signature of the Head of House Date </div>
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