City of Sioux City Housing Authority

405 6th St, PO Box 447 Sioux City, IA 51101

HOUSING CHOICE VOUCHER CHANGE FORM

ANSWER EVERY QUESTION

Has your **INCOME** changed? ☐ Yes ☐ No

Has the number of people in your **HOUSEHOLD** changed? ☐ Yes ☐ No

Have your **CHILDCARE** expenses changed? ☐ Yes ☐ No

EQUAL HOUSING OPPORTUNITY

Date Change occurred: _____

What is your change? _____

HOUSEHOLD

List the Head of Household and all other family members who are currently living in the household. Use separate paper if information does not fit on this side.

Member No.	Member's Full Name	Relationship to Head	Birth Date	Full time student?
1.		Head		
2.				
3.				
4.				

INCOME—*INCLUDE ALL HOUSEHOLD INCOME (not just the change being reported)*

Family Member With Income	Income Amount Received	How Often Received (Weekly/Monthly/Annually)	Name And Address Of Employer Or Other Source Of Income (Employment, FIP, SS, Pension, Etc)

If employed, please list rate of pay. $_____per hour, average hours worked weekly _____

Have you filed for Unemployment? ☐ Yes ☐ No. If yes, anticipated benefit $_____every_____

Have you/are you applied/applying for FIP? ☐ Yes ☐No. If yes, anticipated benefit $_____every ____

Do you receive or anticipate receiving child support? ☐ Yes ☐ No. If yes, what is the amount? _____

Is your change temporary? ☐ Yes ☐ No. If yes, when will it end? _____

CHILDCARE EXPENSES

Full Name Of Each Child In Child Care	Amount Paid	How Often	Name and Complete address of Provider

I/We certify that the information given to the Sioux City Housing Authority on household composition, income and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law.

****I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.***

_____ _____ _____ _____ _____

Signature of Head of Household Phone Number Date Signature of Other Adult Date