CHANGE OF INFORMATION FORM

GRAND JUNCTION HOUSING AUTHORITY

8 FORESIGHT CIRCLE, GRAND JUNCTION, CO 81505
Telephone **970-245-0388** FAX **970-241-5514**

Preference Points	
Staff's Initials	
Bed Size	

Date Stamp Office Use ONLY!

NEW Info check

☐ **Currently on Waitlist Change of Information**

☐ **Section 8 Voucher Holder/Property Change of Information** ►

Section 8 Voucher Holders/Properties Only

Case Worker:_____

DO NOT Change

1. Head of Household (HOH) (Required)

Last Name First Name Middle Initial

☐

Mailing Address Apt. # City State Zip

Address where you are currently living City State Zip

2. Personal Information (Required)

☐☐☐-☐☐-☐☐☐☐

Social Security Number

- -

Birth Date (mm/dd/yy)

3. Telephone Number (Required)

Home

Work

Other

☐

4. Please Add or Remove Family Members (If you are a voucher holder you will have to provide proof)

	Last Name	First Name	Relation to HOH	Sex	Social Security Number	Date of Birth	Age
☐ **Add** ☐ **Remove**							
☐ **Add** ☐ **Remove**							

☐

5. (a) Change of Income for ALL household Members: (Required) Do not include employment income of children under 18.

☐ No Adult Family member is employed at this time

☐ Unemployment ☐ Veterans Benefits

☐ SSA/SSI/SSDI ☐ Child Support

☐ TANF/AND/OAP ☐ Self Employed

☐ Wages/Employer - Name and location of employer:

Name of Employed Household Member

Name and Location of Employer (Example: Grand Junction, Palisade, Fruita, etc.)

• **List additional employment on a separate sheet of paper.**

5. (b) List Total Income (Required)

☐ Paid by the hour **$**_____

☐ Paid by the week **$**_____

☐ Paid by the month **$**_____

5. (c) Hours worked (Required)

#_____**Hrs per week**

6. Student Status (Required)

Is the HOH a Full time student?

☐ **Yes** ☐ **No** **#**_____ **Hrs**

☐

7. Additional Programs

☐ **Housing Choice Voucher Program**
☐ **Ratekin Towers- Serves Elderly/Disabled 1 BR**
☐ **Walnut Park– Serves Elderly/ Disabled 1 BR**
☐ **Capital Terrace – Serves Families 2-3 BR**
☐ **Nellie Bechtel – Serves Elderly/Disabled 1-2 BR**
☐ **Courtyard Apartments – Serves Families 2-3 BR**
☐ **Housing Choice Voucher Domestic Violence Program**

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.

_____

Signature of the Head of House Date