

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	Date Stamp Office Use ONLY!
	Staff's Initials	
	Bed Size	

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: _____

DO NOT Change	1. Head of Household (HOH) (Required) _____ Last Name First Name Middle Initial	2. Personal Information (Required) _____ Social Security Number □ □ □ - □ □ - □ □ □ □ □ _____ Birth Date (mm/dd/yy)	3. Telephone Number (Required) _____ Home _____ Work _____ Other
<input type="checkbox"/>	Mailing Address Apt. # City State Zip _____ Address where you are currently living City State Zip		

<input type="checkbox"/>	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
	<input type="checkbox"/> Add							
	<input type="checkbox"/> Remove							
	<input type="checkbox"/> Add							
	<input type="checkbox"/> Remove							

<input type="checkbox"/>	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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<input type="checkbox"/>	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 <input type="checkbox"/> Nellie Bechtel – Serves Elderly/Disabled 1-2 BR <input type="checkbox"/> Courtyard Apartments – Serves Families 2-3 BR	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 _____