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CHANGE FORM

PLEASE CIRCLE WHICH PROGRAM YOU PARTICIPATE WITH? PUBLIC HOUSING OR SECTION 8

Name of Head of Household _____

Contact Phone Number _____

Last 4 digits of SSN _____

E-mail address: _____

(SUPPORTIVE DOCUMENTATION IS REQUIRED TO BE ATTACHED)

(Please fill out only the change being reported.)

What change(s) are you reporting? Less Hours Contributions Childcare No Childcare Other: Specify below

New Job Lost Job More Hours Unemployment _____

No Child Support Child Support Raise Add Family Member _____

Social Security SSI Asset Change Remove Family Member _____

Current Employment (include everyone in the household that is 18 years or older):

Household Member Employer: _____ \$ _____ per hour _____ hours per week
phone/fax: _____ Wk Bi-Wk Semi-Mo Mo

Household Member Employer: _____ \$ _____ per hour _____ hours per week
phone/fax: _____ Wk Bi-Wk Semi-Mo Mo

Household Member Employer: _____ \$ _____ per hour _____ hours per week
phone/fax: _____ Wk Bi-Wk Semi-Mo Mo

Family Member Change (must provide supporting documentation):

Add Remove Name: _____ SSN: _____

Add Remove Name: _____ SSN: _____

Add Remove Name: _____ SSN: _____

Are you a victim of Domestic Violence: Yes ___ No ___

Head of Household Certification: I do hereby swear and attest that all of the information on this form submitted to SBHA is true and correct to the best of my knowledge. I understand that false statements or information is punishable under Federal law and are grounds for termination of housing assistance payments. I also understand that false statements or information may result in needing to enter into a repayment agreement due to over housing assistance payments.

Head of Household Signature

Date

The San Benito Housing Authority is committed to compliance with Equal Housing Opportunity, the Fair Housing Act and the American with Disabilities Act. Reasonable accommodations and equal access to communications will be provided upon request.

