



P.O. Box 1471, Muskogee, OK 74402
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CHANGE REPORT

NAME: _____

UNIT ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

CHECK ALL THAT APPLY

I HAVE ADDITIONAL NEW INCOME TO REPORT
New Income Source: _____

I HAVE LOST INCOME TO REPORT
Lost Income Source: _____

I HAVE A NEW CHILD TO ADD TO MY CASE FILE
New Child's Name: _____

SOMEONE HAS MOVED OUT OF MY ASSISTED UNIT AND SHOULD BE
REMOVED FROM MY CASE FILE
Person whom moved out: _____

I AM REQUESTING APPROVAL OF AN ADULT TO MY CASE FILE
New household member: _____

I AM REQUESTING APPROVAL OF A MOVE TO A NEW UNIT

OTHER: _____

Muskogee Housing Authority

Section 8 Department

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. MAKING FALSE STATEMENTS IS A FELONY UNDER OKLAHOMA STATE LAW AND MAY RESULT IN CRIMINAL CHARGES INCLUDING PERJURY, GRAND THEFT, FILING FALSE DOCUMENTS WITH A PUBLIC OFFICE, AND OBTAINING MONEY UNDER FALSE PRETENSES.

PERSONAL DECLARATION TO REPORT CHANGES OF HOUSEHOLD AND/OR INCOME

THIS FORM MUST BE COMPLETED IN YOUR HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM IS TRUE AND CORRECT. PLEASE PRINT.

I. HOUSEHOLD COMPOSITION

List all persons who are living in your home. Begin with yourself.

<u>ADULTS (LEGAL NAME)</u>	DATE OF BIRTH	RACE	RELATION TO HEAD (CO-HEAD, SPOUSE, OTHER)	SOCIAL SECURITY NUMBER
			HEAD	

<u>CHILDREN (LEGAL NAME)</u>	DATE OF BIRTH	RACE	RELATION TO HEAD (SON, DAUGHTER, ETC)	SOCIAL SECURITY NUMBER

II. TOTAL HOUSEHOLD INCOME: This includes money from wages, self-employment, child support, contributions, social security, disability payments, workman’s compensation, retirement benefits, TANF, veteran benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources received by all household members. There must be something in every column for every household member, even if it is zero.

HOUSEHOLD MEMBER	EMPLOYMENT WAGES	PENSION/ RETIREMENT	TANF	CHILD SUPPORT	SOCIAL SECURITY/ SSI	UNEMPLOYMENT	OTHER INCOME (FOOD STAMPS, GIFT, ETC)

IF ANY HOUSEHOLD MEMBER IS EMPLOYED, PLEASE LIST THE NAME AND ADDRESS OF ALL EMPLOYERS:

III. ASSETS

1. DO YOU OR ANY HOUSEHOLD MEMBER OWN OR HAVE AN INTEREST IN ANY REAL ESTATE? YES NO

2. HAVE YOU SOLD ANY REAL ESTATE IN THE LAST TWO YEARS? YES NO

3. DO YOU OWN ANY STOCKS OR BONDS? YES NO

4. DO YOU HAVE A SAVINGS OR CHECKING ACCOUNT? YES NO

a. IF YES, LIST BANK NAME, ACCOUNT NUMBER, AND BALANCE

b. IF YES, LIST ANY INTEREST INCOME AND INTEREST RATE

5. DOES YOUR HOUSEHOLD HAVE \$5,000 OR MORE IN NET ASSETS? YES NO

a. IF YES, PLEASE LIST ALL HOUSHOLD ASSETS

IV. GENERAL QUESTIONS

1. DOES ANYONE OUTSIDE OF YOUR HOUSEHOLD PAY FOR ANY OF YOUR BILLS OR GIVE YOU MONEY? YES NO
IF YES, EXPLAIN AND PROVIDE NAME AND ADDRESS _____
 2. HAVE YOU OR ANY OTHER ADULT MEMBERS EVER USED ANY NAME(S) OR SOCIAL SECURITY NUMBER(S) OTHER THAN THE ONE YOU ARE CURRENTLY USING? YES NO
IF YES, PLEASE EXPLAIN _____
 3. HAVE YOU OR ANY MEMBER LIVED IN ANY ASSISTED HOUSING YES NO
IF YES LIST WHERE AND WHEN _____
 4. HAVE YOUR OR ANY OTHER HOUSEHOLD MEMBER BEEN CONVICTED OF ANY CRIME OTHER THAN TRAFFIC VIOLATIONS? YES NO
IF YES, PLEASE EXPLAIN _____
 5. ARE YOU OR ANY OTHER HOUSEHOLD MEMBER SUBJECT TO A LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT IN ANY STATE? YES NO
IF YES, PLEASE EXPLAIN _____
 6. HAVE YOU EVER COMMITTED ANY FRAUD IN A FEDERALLY ASSISTED HOUSING PROGRAM OR BEEN REQUESTED TO REPAY MONEY FOR KNOWINGLY MISREPRESENTING INFORMATION FOR SUCH HOUSING PROGRAMS? YES NO
IF YES, PLEASE EXPLAIN _____
 7. IS ANY ADULT HOUSEHOLD MEMBER (18+) ATTENDING SCHOOL? YES NO
 8. DO YOU PAY FOR CHILDCARE IN ORDER TO ENABLE A HOUSEHOLD MEMBER TO WORK OR ATTEND SCHOOL? YES NO
IF YES, LIST PROVIDER _____
 9. IF YOU ARE AN ELDERLY OR DISABLED HOUSEHOLD, DO YOU PAY OUT OF POCKET MEDICAL EXPENSES? YES NO
 10. FOR TENANT PROVIDED APPLIANCES, ARE YOU CURRENTLY MAKING PAYMENTS ON A REFRIGERATOR OR STOVE FOR USE IN YOUR ASSISTED UNIT? YES NO
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I do hereby swear and attest all of the information above is true and correct to the best of my knowledge. I also understand all changes of income pertaining to any member of the household must be reported to the Housing Authority, in writing, within 30 days of change. Any change in household composition must be reported within 15 days of change. ALL ADULT HOUSEHOLD MEMBERS MUST SIGN AND DATE BELOW

<hr/> X _____ HEAD OF HOUSEHOLD	<hr/> X _____ SPOUSE/CO-HEAD
 <hr/> X _____ OTHER ADULT MEMBER	 <hr/> X _____ OTHER ADULT MEMBER

COMPLIANCE DECLARATOIN

I do hereby swear and attest that all of the information regarding my household members and my household income is true, and correct.

I also understand that all changes of income for any member of the household must be reported within thirty days of the change.

I understand that I must report all changes to my household (persons moving out or children moving in) within ten days of the change.

I understand that I may not move any adult into the assisted rental unit unless they have first been approved by the Muskogee Housing Authority.

HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE/CO-HEAD

DATE

OTHER ADULT MEMBER

DATE

OTHER ADULT MEMBER

DATE

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