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This Agency is an equal opportunity provider and employer. 

CHANGE IN HOUSEHOLD EXPENSES

The U.S Department of Housing and Urban Development (HUD) places a high priority on the prevention of fraud. Providing false or incomplete information will result in all applicable penalties being applied.

All changes must be reported in writing within TEN (10) days of the date of the change. Complete the following section(s), which apply to the change(s). I understand that any changes reported after the 22nd of the current month may not be processed in time to take effect for the following month.

My signature below is my consent for the Huron Housing and Redevelopment Authority to contact any agencies, organizations, offices, or individuals necessary to verify any information needed for my participation in the housing assistance program.

Head of Household: _____ Today's Date: _____

Address: _____ Phone Number: _____

Daycare Change:

Name of Provider: _____ Phone Number: _____

Address: _____

Date Started: _____ Date Ended: _____

Medical Expense Change:

Name of Provider: _____ Phone Number: _____

Address: _____

Amount Paid: _____ Date Paid: _____

Signature

Date

Any adjustments in the amount of rent you pay to your landlord will be determined in accordance with our policies and procedures. If any change is determined, you will be notified on or before the effective date of the change.

Thank you for your cooperation in reporting this information to us.