

HOUSING AUTHORITY OF THE CITY OF LEXINGTON

609 East 3rd ST Lexington, NE 68850 Phone (308) 324-4633 Fax: (308) 324-4360

He	ousehold Chang	<u>ge of Ir</u>	nformatio	n Form	
Are you	an Applicant 🛛	or	Current J	Participant 🛛	
	P	Program:			
Eastlawn 🗆 Eastlawn Add	dition 🗆 Eastlawn I	East 🗆 S	Scattered Site	es Homes 🛛	
Housing Chose Voucher (s	ection 8) \Box				
Head of Household:					
Spouse or Other Adult:					
Address:					
Phone:					_
Email:					_
	Change	in Hou	<u>sehold</u>		-
I am Adding a: Child \Box	Spouse 🗆 Adult 🗆	Live-in /	Aid □		
I am Removing a: Child \Box	Spouse \Box Adult \Box] Live-ir	n Aid 🗆		
Name:		Dat	te of Birth:		_
To Add You must provide:	1. Social Security Ca 4. Photo ID for 18 ar		rth Certificat	e 3. Completed 214 decla	aration
This does not apply \Box	<u>Change o</u>	<u>f Emp</u>	<u>loyment</u>		
New Job \Box Current Job \Box	Change in Hours $\Box C$	hange in	pay□ End o	f employment \Box	
Participants name:					
Name of Employer:					
Address of Employer:					
Phone Number:					
Rate of pay:					
Tips:	Overt	ime:			
Pay Frequency: Weekly	Every other week \Box	2 times p	ver month	Monthly \Box	
Date Started:	Date	Stopped	:		

New Job \Box Current Job	\circ \Box Change in Hours \Box (Change in pay \Box End of employment \Box
Participants name:		
Name of Employer:		
Address of Employer: _		
Phone Number:		
		rs per week:
Tips:	Over	time:
Pay Frequency: Weekly	$r \square$ Every other week \square 2	2 times per month \Box Monthly \Box
Date Started:	I	Date Stopped:
This does not apply Other Income Changes		er Income Changes
	Head of Household	Other Adult Member
SS/SSI/SSDI	\$	
AABD	\$	\$
Pension/Retirement	\$	\$
VA Benefits	\$	\$
Unemployment	\$	
Workman's Comp	\$	
Child Support	\$	
Alimony	\$	
ADC/TANF	\$	\$
Food Stamps	\$	
Energy Assistance	\$	\$

Other Sources of Income

Expense	Amount	<u>Source</u> Name, Address, Phone	Expense	<u>Amount</u>	<u>Source</u> Name, Address, Phone
Rent			Car Payment		
Utility-Gas			Car insurance		
Utility- Electric			Car Gas		
Utility- W/S/T			Grooming products		
Cell Phone			Paper products		
Phone			Clothing		
Cable			Cigarettes/ tobacco		
Internet			Entertainment		
Credit card			School Activities Supplies		
Other			Other		

Complete this if someone helps or provides **<u>any</u>** of the following.

This does not appl	y □ <u>Change in</u> Head Of Household	<u>n Assets</u> Other Adult Member
Name of Bank:		
Checking:	\$	\$
Savings:	\$	\$
Trust fund:	\$	\$
Money Market:	: \$	\$
Cd's	\$	\$
This does not appl	y Change in Stu	ident Status
Name:		
School Name: _		Financial Aid:
Date of Change	<u> </u>	
This does not appl	y □ Change in C	Child Care
Child or Childr	en being watched:	
Name of Provid	ler:	
Address:		
Phone:	Out o	f Pocket \$
DHHS Provide	S:	
Ch	ange in Medical expenses FOR	ELDERLY or DISABLED ONLY
Medical Bill		
Location:		Account:
Are you making	g payments: No \Box Yes \Box Amount \$ _	
How often:		
Change in Insu	arance: NON Medicare	
Name of Comp	any:	Policy Number:
Old amount:	New	Amount:
Date of change:	:	
0		
Other:		

Certified Statement: The information requested on this form is being collected in connection with regulations of the Lexington Housing Authority, Lexington, Nebraska authorized by the United States Department of Housing and Urban Development to determine an applicant's initial and continuing eligibility; apartment size; and the amount of contribution by the tenant(s). It will be used to provide the basis for managing the program(s), for protecting the United States Government and the Lexington Housing Agency's financial interest, and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies; when relevant, to civil, criminal, or regulatory investigators or prosecutors. Failure to provide any information may result in a delay, or rejection of eligibility approval, or subsequent determination that initially approved eligibility was erroneous. General authorization to request this information is based on the Authority granted by the United States Housing Act of 1937, as amended, 42U.S.C., 1437 et seq., the Housing and Community Development Amendments of 1981, P.L. 97-35. 85 Statute, 348,408.

Warning: Section 1001 of Title 18 of the U.S. 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.

Applicant(s)/Tenant(s) Statement:

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that information provided with this Update Form as well as third party verifications will be used to make a rent adjustment.

Head of Household Signature	Date	
Other Adult Signature	Date	

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Lexington Housing Agency does not discriminate on the basis of handicap, race, color, religion, sex, familial status, national origin, or gender identity or sexual orientation; in the admission or access to, or treatment or employment in its federally assisted programs and activities.

Equal Opportunity Housing_

The services of a Spanish speaking interpreter are provided to all applicants and residents with no cost to the applicant or resident.

