



HOUSING AUTHORITY OF THE CITY OF NORTH LAS VEGAS

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10 (TEN) DAY CHANGE FORM

Section 8 is paying all or part of my rent. I know I MUST REPORT ALL CHANGES WITHIN TEN (10) DAYS. I have the following changes to report.

PLEASE PRINT ALL INFORMATION

Head of Household \_\_\_\_\_

Name on our file if different than above \_\_\_\_\_

Phone # Home \_\_\_\_\_ Work \_\_\_\_\_ Msg. \_\_\_\_\_

INCOME CHANGES

NOTE: MUST include ALL household income. You MUST provide complete names and addresses of income source. IF YOU HAVE A CHECK STUB PLEASE ATTACH.

Table with 4 columns: Last Name, First Name, Source of Income, Gross Monthly Income. Includes four rows of blank lines for data entry.

Hourly Amount Paid:\$ \_\_\_\_\_ Average Hours Worked Per Week \_\_\_\_\_

Date Employment or New Source of Income Began/Ended: \_\_\_ \ \_\_\_ \ \_\_\_

Address of Source of Income: \_\_\_\_\_

Attention: \_\_\_\_\_ Phone Number \_\_\_\_\_

**CHILD CARE**

Name of Child Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date Child Care Began: \_\_\_\\_\_\_\\_\_\_ Average Hours Per Week \_\_\_\_\_

Amount You Pay \$ \_\_\_\_\_ per hour per week bi-weekly monthly

Amount Reimbursed by EOB or ACE Programs \$ \_\_\_\_\_

**REQUEST TO ADD FAMILY MEMBERS TO HOUSEHOLD.**

**NOTE:** Birth certificate, social security card, **and** written permission from your landlord **MUST** be included with this form.

If you are **REQUESTING** the addition of minor children you **MUST PROVIDE GUARDIANSHIP PAPERS SHOWING CUSTODY.**

If the person(s) you are requesting to add are over the age of 18, you **MUST SCHEDULE AN APPOINTMENT** with your caseworker.

Last Name	First Name	Relationship	Birthdate	SS #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DATE FAMILY MEMBER MOVED IN: \_\_\_\\_\_\_\\_\_\_

**FAMILY MEMBERS REMOVED FROM HOUSEHOLD**

**NOTE:** Verification as to where the family member is living must be sent in with this form. This includes a copy of a lease and rent receipt for adults and verification from the court as to the whereabouts of children.

Last Name	First Name	Relationship	Birthdate	SS #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DATE FAMILY MEMBER MOVED OUT: \_\_\_\\_\_\_\\_\_\_

**NOTE:** IF YOU GIVE INCOMPLETE INFORMATION, DO NOT SIGN THE FORM OR FAIL TO PROVIDE COMPLETE VERIFICATION, ONE OF THE FOLLOWING **MAY** TAKE PLACE:

- 1) If you are reporting an upward change in your income your rent change may be delayed and/or **YOU MAY OWE A RETROACTIVE RENT AMOUNT**
- 2) If you are reporting a downward change in your income your RENT MAY NOT BE REDUCED UNTIL THE FOLLOWING MONTH.

I/We certify that the information contained herein is correct and complete to the best of my/our knowledge.

**WARNING:** Section 1001 of Title 18 of the U.S Code makes it a **CRIMINAL OFFENSE** to make willful false statements of misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Spouse/Other Adult

\_\_\_\_\_  
Date