



Housing Alliance and Community Partnerships

711 North 6th Ave Pocatello, ID 83201 • Phone 208-233-6276 • Fax 208-233-9821

CURRENT STATUS CHANGE REPORT

(REQUIRED TO REPORT ANY CHANGE. PHONE REPORTING IS NOT ACCEPTED)

Report circumstances that have not changed as well as the changes!

IMPORTANT: Attach proof of your changes. INCOMPLETE CHANGE REPORTS WILL BE RETURNED

Submit completed form and verifications to the Housing Alliance & Community Partnerships (HACP)

PHONE/MESSAGE #: _____

Case Worker: _____

You must report things that have not changed. Use "same" or "none"

HOUSEHOLD MEMBERS (list all members including new members)

| FULL NAME (list all members) | Age | Sex | Disabled (Yes/No) | FULL NAME (list all members) | Age | Sex | Disabled (Yes/No) |
|---------------------------------|-----|-----|----------------------|---------------------------------|-----|-----|----------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

YES ☐ NO ☐ : Has anyone moved "IN" ☐ ...or... "OUT" ☐ of your household? If yes, specify who and *attach date of birth document and social security card* for each "new" member.

YES ☐ NO ☐ : Are any adult members going to school? If yes, specify who, where, full-time or part-time, and *attach verification of status and college work study*, if not already submitted.

HOUSEHOLD INCOME (list all sources of income by all members, including new members)

Employment (name all of the sources, including full-time, part-time, seasonal, self-employed, etc.)

Explain and *attach verification*

YES ☐ NO ☐ : Is income a college work study or received through a job training program? If yes, specify and *attach verification*.

Benefits (social security, SSI, TAFI, AABD/SSP, or any other welfare grants, unemployment, pensions, workers' compensation, disability benefits, etc.) Explain and *attach verification*.

Child Support or Any Other Income Explain and *attach verification*.

YES ☐ NO ☐ : Is there an "INCREASE" ☐ ...or... "DECREASE" ☐ in household income? If yes, Explain and *attach verification*.

YES ☐ NO ☐ : Any TAFI, Unemployment benefits, workers' compensation, or other income in lieu of earnings that will be applied for or is pending? If yes, please specify amounts and *attach verification*.

Housing Alliance and Community Partnerships (HACP) does not discriminate based on race, color, creed, national origin, religion, disability, sex, sexual orientation, gender identity, age (over 40), military status, whistleblower retaliation, or familial status in admission or access to its programs.

HACP is an Equal Opportunity Employer.

If you need to request a Reasonable Accommodation, contact HACP at 208-233-6276 or TTY: 711 or 800-377-3529



Housing Alliance and Community Partnerships

711 North 6th Ave Pocatello, ID 83201 • Phone 208-233-6276 • Fax 208-233-9821

UN-REIMBURSED HOUSEHOLD EXPENSES which may be deducted from income or reduce tenant payment)

- | | |
|--|---|
| YES <input type="checkbox"/> NO <input type="checkbox"/> | : Childcare expenses which enable a member to work or go to school? If yes, specify any changes and <i>attach verification</i> . |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | : Are any expenses paid by an outside source, reimbursed, or pending reimbursement? If yes, specify and <i>attach verification</i> . |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | : Care attendant or handicap apparatus expenses which enable the/any member to work? If yes, specify any changes and <i>attach verification</i> . |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | : Medical expenses (if head or spouse is disabled or elderly only)? If yes, specify any changes and <i>attach verification</i> . |

Note: The Housing Alliance & Community Partnerships will not reduce tenant payment (based on a decrease in household income or increase in allowances or expenses) until verification is submitted as required.

Verification must be submitted by the 25th of the month to reduce payment by the 1st of the following month.

Certification (must be signed by all adult members: head of household, spouse, and all members aged 18 or older)

I certify that all information provided on household composition, income, and items for allowances and deductions, is true, accurate, and complete to the best of my knowledge and belief. I understand that failure to report complete and accurate information or to supply verification may delay adjustment of my/our total tenant payment and may be grounds for denial or termination of assistance, and that any assistance overpayment resulting from failure to supply information or verification must be reimbursed. **You must report any change with ten (10) business days of occurrence!**

X _____
Signature

Date

X _____
Signature

Date

X _____
Signature

Date

X _____
Signature

Date

Housing Alliance and Community Partnerships (HACP) does not discriminate based on race, color, creed, national origin, religion, disability, sex, sexual orientation, gender identity, age (over 40), military status, whistleblower retaliation, or familial status in admission or access to its programs.

HACP is an Equal Opportunity Employer.

If you need to request a Reasonable Accommodation, contact HACP at 208-233-6276 or TTY: 711 or 800-377-3529