

CITY OF TEMPE HOUSING AUTHORITY
P.O. Box 5002
Tempe, Arizona 85280

CHANGE IN INCOME/HOUSEHOLD COMPOSITION

You must report the following changes to the Housing Authority, in writing, within ten (10) calendar days of the change:

1. All changes that occur to your family income. This includes earned and unearned income and all assets. The Housing Authority will determine if your change will result in a change to your portion of the rent.
2. If any person is added to your household, or if any person leaves your household. You must obtain approval from both your landlord and the Housing Authority before adding a person to your household.

The ten day reporting requirement means that you must report the change **within ten (10) calendar days from the effective date of the change**, in writing. Changes will not be accepted over the telephone.

DECREASES IN INCOME: You may report decreases in the household income, in writing, as it may result in a decrease in your portion of the rent.

Complete the information below. Submit the original to the Housing Authority. Keep one copy for your records. Check all that apply and complete the requested information:

- A decrease in income effective: _____. Explain: _____
- An increase in income effective: _____. Explain and list the name and address of your source of this income: _____
- I wish to add a member(s) to my household effective: _____. Please explain and list the name and relationship of person(s) you wish to add: _____
- A member is leaving, or has left, my household effective: _____. Please explain and list the name and relationship of person(s) that is leaving: _____
- Other information I would like to report: _____

PLEASE PRINT:

Name: _____ Daytime Phone: (____) _____
Address: _____, Tempe, AZ Zip Code: _____

I/We certify the above information is true and correct.

Head of Household Signature

Date

Co-Head/Spouse Signature

Date



Submit original to Housing Authority – keep copy for your records

CITY OF TEMPE HOUSING SERVICES PREFERENCE CERTIFICATION

PLEASE PRINT:

Date: _____

Name of Head of Household: _____

Change of Mailing Address (if applicable): _____

I am applying for the following preference(s) and certify that the following conditions exist as of the date this form is signed below. I understand that the following information will be verified before I can be considered eligible for the housing assistance program.

✓ Check all that apply to you and complete the explanation, if applicable.

<p>This Column for THS Use Only:</p>	<p>Applicant is:</p> <p>Homeless in the City of Tempe (List primary night time residency) _____ Name of Shelter and/or transitional living program and/or address: _____</p> <p>Reside in the City of Tempe _____ Address: _____ _____</p> <p>Working, or hired to work, in the City of Tempe _____ Employers Name: _____ Address: _____ _____</p> <p>Head of Household and/or Spouse or Co-Head or Sole Member is residing in the City of Tempe and is:</p> <p>_____ 62 years of age or older</p> <p>_____ A person with disabilities</p>
<p>_____ (100 points)</p>	<p>_____ None of the above apply</p>
<p>Total Points:</p> <p>_____ (max. 100 pts)</p> <p>Staff: _____</p>	<p>I certify that the above information is true and correct.</p> <p>_____</p> <p>Signature of Head of Household/Spouse or Co-Head _____ Date</p>

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 matters within its jurisdiction.

**SECTION 8 HOUSING CHOICE VOUCHER
WAITING LIST
PREFERENCE DEFINITIONS**

EFFECTIVE JULY 15, 2005

MAXIMUM POINTS POSSIBLE: 100

1. HOMELESS IN THE CITY OF TEMPE

To qualify for this preference, the applicant must lack a fixed, regular, and adequate night-time residence; and have primary night time residency that must meet one of the following criteria:

- a supervised publicly or privately operated shelter designed to provide temporary living accommodations; or
- an institution that provides a temporary residence for individuals intended to be institutionalized; or
- a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Homeless in Tempe: Residency in Tempe prior to becoming homeless will be verified with the shelter and/or transitional living program the individual and/or family is staying.

OR

2. RESIDE IN THE CITY OF TEMPE

To qualify for this preference, applicant must meet at least one of the following criteria:

- Lessee (tenant); must have a current lease with the legal owner/landlord of the rental property; or
- Household member; must be listed on a current lease as legally living in the rental property as a member of the Lessee's household; or
- Lessee (tenant); must be legally responsible for rent payments to the legal owner/landlord of the rental property.

Residency will be verified with the legal owner/landlord of the rental property.

OR

3. WORKING, OR HIRED TO WORK, IN THE CITY OF TEMPE

To qualify for this preference, applicant must meet at least one of the following criteria:

- be physically employed in the city limits of Tempe; or
- have been notified that they are hired to work in the city limits of Tempe; or
- employed in the city limits of Tempe through an internship or other training program designed to prepare individuals for the job market may qualify for this preference.

Employment will be verified with the employer.

An applicant shall be given the benefit of the working family preference if the head and spouse, or sole member is age 62 or older, or is a person with disabilities and resides in the City of Tempe.

PREFERENCE POINTS: 100

4. NONE OF THE ABOVE.

None of the above categories apply to you at this time.

PREFERENCE POINTS: 0

