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REPORT A CHANGE/ REQUEST FOR RE-EXAM

All changes must be reported to Warren County Housing Authority within ten (10) days of the date that the change occurred. This means any change in income or allowable expense deduction or household composition at any time during your agreement with this housing authority.

For employment, the change must be reported ten (10) days from the date of hire, NOT from the date your check is received.

For household composition, the change must be requested and approved before the change occurs.

Any change not reported within the ten (10) days or household composition change without approval, will be cause for termination of assistance. Any change not reported within 30 days will be considered intentional misrepresentation and a fraud investigation will begin.

Voucher Holder's Name: _____

Current Address: _____

WHAT IS YOUR CHANGE

- Income Expense Deduction Requesting Household Composition
(must be approved before the change occurs)

Describe your change: (Please be specific. This includes who, what, where, when and why)

REQUEST A RE-EXAM (I believe my rent portion would be lower due to change)

I understand that if this request is made by the 10th of the month (and approved by WCHA), my rent will be decreased by the next month. If this request is approved, verified and/or made after the 10th, my rent will not change until the following month.

DON'T FORGET TO SUBMIT THE FOLLOWING

Checklist must be complete in order to be "considered" for approval.

- Documentation verifying change
 All Household Assets (Includes all [but not limited to] cash apps, prepaid debit cards, money cards, etc.)
 All Household Income

Additional Items for Household Composition change

- Name to be added to voucher
 Social Security Card
 Birth Certificate
 Completed WCHA Section 8 Application (if an adult)
 Written Approval from landlord

Voucher Holder Signature: _____ Date: _____

This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Ave., S.W., Washington, D.C. 20250-9410, by fax (202) 690-7747, or email program.intake@usda.gov