

## RESIDENT CHANGE OF INFORMATION FORM

### **PLEASE READ THE INSTRUCTIONS CAREFULLY**

This form **must** be filled out completely, if this form is not filled out properly, it may cause a delay in processing. **Bellevue Housing will not take any changes over the phone.** For your convenience this form may be dropped of during office hours, mailed or emailed to [admin@sarpyhousing.org](mailto:admin@sarpyhousing.org) or left in the drop box on the East side of the building.

PLEASE FILL OUT COMPLETELY.

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

Address \_\_\_\_\_

Street Apt# City State Zip

Social Security Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

CHANGE OF EMPLOYMENT: (check reason for change)

New Job     Job Ended     Job Layoff     Change in hours/wages     Covid-19

Current employer:

Employee \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Pay Rate \_\_\_\_\_

Hours/Week \_\_\_\_\_

Date of Change \_\_\_\_\_

New employer:

Employee \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Pay Rate \_\_\_\_\_

Hours/Week \_\_\_\_\_

Date of Change \_\_\_\_\_

CHANGE IN CHILD SUPPORT:

Start Date \_\_\_\_\_ Amount \_\_\_\_\_ End/Change Date \_\_\_\_\_ Amount \_\_\_\_\_

CHANGE IN SS/SSI VA BENEFITS ETC:

Start Date \_\_\_\_\_ Amount \_\_\_\_\_ End Date \_\_\_\_\_ Amount \_\_\_\_\_

CHANGE IN CHILD CARE:

Provider Name \_\_\_\_\_

Address \_\_\_\_\_

Childs Name \_\_\_\_\_

Amount \_\_\_\_\_ Title XX \_\_\_\_ YES \_\_\_\_ NO

ADDING OR REMOVING FAMILY MEMBER(S): They will not be added or removed until we have all documentation.

**ADDING:**

Name \_\_\_\_\_

PROVIDE: BIRTH CERTIFICATE, SOCIAL SECURITY CARD, PHOTO ID, SIGNED RELEASE FORM.

**REMOVING:**

Name \_\_\_\_\_

PROVIDE: BIRTH CERTIFICATE, SOCIAL SECURITY CARD. PHOTO ID, SIGNED RELEASE FORM.

OTHER CHANGES OR INFORMATION PERTAINING TO CHANGE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT THE INFORMATION GIVEN TO BELLEVUE HOUSING AGENCY ON HOUSEHOLD COMPOSITION, INCOME, NET FAMILY ASSETS, AND ALLOWANCE AND DEDUCTIONS IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW. I ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Office hours are Monday – Thursday 8:30 a.m. to 4:30p.m. Closed Fridays

Office phone 402-734-5448

[www.sarpyhousing.org](http://www.sarpyhousing.org)

8214 Armstrong Circle  
Bellevue, NE 68147-1871  
Phone: 402-734-5448  
Fax: 402-734-4358



## VIII. RIGHTS AND RESPONSIBILITIES

I/We certify that all information given to the Bellevue Housing Agency is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements I/we give to the Housing Agency may be punishable under Federal Law. I/We also understand that false statements or information will be grounds for denial of your application, termination of housing assistance and/or termination of tenancy.

I/We understand that this is an application for assistance and signing this application does not bind the Housing Agency to offer rental assistance nor does it bind me/us to accept any assistance offered.

I/We have no objection to inquiries for the purpose of verifying the facts herein stated.

I/We have received, read and understand the HUD fact sheet "Applying for HUD Housing Assistance."

I/We authorize you to verify the above information through a consumer reporting agency. (This agency is Tenant Data Services Inc. (800) 228-1837. The function of this agency is to track and maintain records such as your resident conduct and personal credit history. Tenant Data Services Inc. also will obtain a credit report on all applicants for Bellevue Housing Agency owned/managed properties.)

### Authorization to Release Information

Your signature on this form and the signature of each member of your household who is 18 years of age or older authorizes the Housing Agency of the City of Bellevue, NE, to use this authorization and the information obtained with it, to administer and enforce rules and policies.

Any individual or organization, including any governmental agency may be asked to release information. Information may be requested from but is not limited to: banks and other financial institutions, courts, law enforcement agencies, credit bureaus, landlords, past and present employers, medical providers, educational institutions, Veterans Affairs, Social Service Agencies, utility companies, unemployment benefits, pensions/annuities, child care providers, neighbors and the U.S. Post Office.

By signing this form, I authorize the above persons, firms or corporations to make available any documents or record to the Housing Agency of the City of Bellevue for inspection and copying.

|   |                     |               |
|---|---------------------|---------------|
| _____<br>Signature of Head of Household   | _____<br>Print Name | _____<br>Date |
| _____<br>Signature of Spouse/Co-Applicant | _____<br>Print Name | _____<br>Date |
| _____<br>Signature of Other Adults        | _____<br>Print Name | _____<br>Date |
| _____<br>Signature of Other Adults        | _____<br>Print Name | _____<br>Date |
| _____<br>Signature of Other Adults        | _____<br>Print Name | _____<br>Date |