

AUBURN HOUSING AUTHORITY
 20 Great Falls Plaza, PO BOX 3037
 Auburn, ME 04212-3037
 (207)784-7351 ME RELAY – call 711
INTERIM CHANGE FORM

I wish to update the following information on my current housing assistance program:

Housing Choice Voucher Dawn____ Kathleen____ Public Housing Sheila____ Leah____

CHANGE TO BE MADE

| | | |
|--|---|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> Phone | <input type="checkbox"/> Mailing Address |
| <input type="checkbox"/> Household Composition | <input type="checkbox"/> Household Income | |

HEAD OF HOUSEHOLD –Fill out the information below.

| | | | | | | |
|---|-------------------------------|------|-----------------------|-------------|--|--|
| Who is the Head of Household? (legal Name) | | | ADDRESS | CITY | | |
| Last | First | M.I. | | | | |
| PHONE: | Social Security Number | | E-MAIL ADDRESS | | | |

REQUESTED CHANGE:

→ **TANF & SOCIAL SECURITY** changes must have proper **documentation** provided by you to complete this Interim rent change.

DOCUMENTATION PROVIDED

Auburn Housing will review the above information and will contact you concerning your request for an interim rent change upon verification of this request within 14 working days.

TENANT CERTIFICATION:

I certify that the information given to Auburn Housing Authority is accurate and complete to the best of my knowledge and belief. I understand that false statements or failure to disclose information are punishable under Federal law. I also understand that false statements or failure to disclose information are grounds for termination of housing assistance and termination of tenancy.

WARNING! Title 18, Section 1001 of the U.S. Code, states that a person who knowingly and willingly Makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony.

Signature of Head of Household: _____ Date: _____

Signature of spouse or other adult: _____ Date: _____

Signature of other adult: _____ Date: _____

Reviewed by AHA on: _____ AHA initials Here: _____