

**TIOGA BRADFORD COUNTY HOUSING AUTHORITY
CHANGE OF INFORMATION FORM**

Name _____ SSN (Last 4 digits) XXX-XX-_____

Address: _____ Phone _____

Are you: ___ On Waiting List

What is changing? ___ Your address or phone number ___ Who lives with you
 ___ Something else (specify :) _____

Address/Phone Number Change:

Old Address/Phone Number _____

New Address/Phone Number _____

Change in Family Composition:

Name of Person(s) Moving Out _____

SSN _____ Date of Birth _____ Relationship to You _____

Name of Person (s) Moving In _____

SSN _____ Date of Birth _____ Relationship to You _____

Reason for Addition to Household: ___ Birth ___ Adoption ___ Custody ___ Marriage
 ___ Other (specify) _____

I am reporting a change in my family's circumstances as described above. I understand that the Authority will use the information provided by me to determine my level of benefits or program eligibility. I understand that the Authority may verify the information I have provided with a third party. I certify that the information provided above is true and correct to the best of my knowledge and belief. I understand that providing false information may be cause for denial or termination of housing assistance and may be punishable under federal law.

Signature **X** _____ Date _____