

**HOUSING AUTHORITY OF THE COUNTY OF KERN**  
**CHANGE REPORT - [ ] LIPH [ ] USDA/OMS [ ] RHCP [XX] Section 8**

[ ] INCREASE
[ ] DECREASE

TENANT: \_\_\_\_\_ SOC. SEC.#: \_\_\_\_\_  
 UNIT ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**INCOME CHANGE** *Fill in all that have changed. Do not write in anything that has NOT Changed*

MEMBER'S NAME				SOC. SEC. #				MEMBER'S NAME				SOC. SEC. #			
Source	Amount	Start Date	Stop Date	Source	Amount	Start Date	Stop Date	Source	Amount	Start Date	Stop Date	Source	Amount	Start Date	Stop Date
<input type="checkbox"/> TANF Case #:				<input type="checkbox"/> TANF Case #:				<input type="checkbox"/> TANF Case #:				<input type="checkbox"/> TANF Case #:			
<input type="checkbox"/> SOCIAL SECURITY				<input type="checkbox"/> SOCIAL SECURITY				<input type="checkbox"/> SOCIAL SECURITY				<input type="checkbox"/> SOCIAL SECURITY			
<input type="checkbox"/> UNEMPLOYMENT				<input type="checkbox"/> UNEMPLOYMENT				<input type="checkbox"/> UNEMPLOYMENT				<input type="checkbox"/> UNEMPLOYMENT			
<input type="checkbox"/> CHILD SUPPORT Case #:				<input type="checkbox"/> CHILD SUPPORT Case #:				<input type="checkbox"/> CHILD SUPPORT Case #:				<input type="checkbox"/> CHILD SUPPORT Case #:			
<input type="checkbox"/> OTHER INCOME* What?				<input type="checkbox"/> OTHER INCOME* What?				<input type="checkbox"/> OTHER INCOME* What?				<input type="checkbox"/> OTHER INCOME* What?			

**\*If other income is wages complete below**

EMPLOYMENT  New Job  Terminated  \_\_\_\_\_  
 Wages: \$ \_\_\_\_\_ Per▶ Hour Week Month

Average hours per week: \_\_\_\_\_  
EMPLOYERS NAME AND ADDRESS:

**\*If other income is wages complete below**

EMPLOYMENT  New Job  Terminated  \_\_\_\_\_  
 Wages: \$ \_\_\_\_\_ Per▶ Hour Week Month

Average hours per week: \_\_\_\_\_  
EMPLOYERS NAME AND ADDRESS:

Employer's Phone:: \_\_\_\_\_ FAX: \_\_\_\_\_

**FAMILY COMPOSITION CHANGE.** *MUST attach COPY of Birth Certificate(s) & Social Security Card(s)*

Add	Delete	Name	Birth Date	Soc. Sec.#	Relationship
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

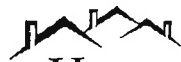
**CHILD CARE:** Provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ YOU Pay: \$ \_\_\_\_\_ PER \_\_\_\_\_  
 Does DHS Help?  Yes  No

**PARTICIPANT CERTIFICATION**

I certify that the information given to the Housing Authority of the County of Kern on household composition, income, net family assets, and allowances 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.

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

\_\_\_\_\_  
 Date



# HOUSING AUTHORITY

OF THE COUNTY OF KERN

*Creating brighter futures...one home, one family at a time*

## CONSENT AND AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION (PLEASE PRINT ALL INFORMATION)

NAME _____	RELATIONSHIP TO HEAD OF HOUSEHOLD _____	SSN# _____
------------	---	------------

NAME _____	RELATIONSHIP TO HEAD OF HOUSEHOLD _____	SSN# _____
------------	---	------------

\*Use Additional Form(s) for Additional Parties

I authorize the agencies checked below to exchange or obtain records/information obtained during the course of my participation in any program administered by the Housing Authority of the County of Kern. I understand that the sharing of information is deemed necessary to establish eligibility or continuing eligibility for assistance in my housing. This authorization includes all individuals listed above for whom services are provided.

<input type="checkbox"/> Community Connection for Child Care 2000 24 <sup>th</sup> St. Suite 100, Bakersfield, CA 93301 661-861-5200 or 877-861-5200 Initials _____	<input type="checkbox"/> Kern County Department of Public Health 1800 Mt. Vernon, Bakersfield, CA 93306 661-321-3000 Initials _____
<input type="checkbox"/> Department of Rehabilitation 4925 Commerce Dr. Ste 150, Bakersfield, CA 93309 661-395-2525 Initials _____	<input type="checkbox"/> Kern County Department of Human Services 100 E. California Ave., Bakersfield, CA 93307 (661) 631-6000 Initials _____
<input type="checkbox"/> Employers Training Resource 1600 East Belle Terrace Bakersfield, CA 93307 661-325-4473 Initials _____	<input type="checkbox"/> Kern County Department of Mental Health 3300 Truxtun Ave, Ste 100 Bakersfield, CA 93301 800-991-5272 / CRISIS 661-868-8000 Initials _____
<input type="checkbox"/> KC District Attorney's Office/Family Support Div. 1215 Truxtun Ave, Bakersfield, CA 93301 661-868-2340 Initials _____	<input type="checkbox"/> Kern County Aging & Adult Services/IHSS 5357 Truxtun Ave, Bakersfield, CA 93309 661-868-1000 or 800-510-2020 Initials _____
<input type="checkbox"/> Kern High School District 5801 Sundale Ave; Bakersfield, CA 93309 661-827-3100 Initials _____	<input type="checkbox"/> Kern County Probation Department 2005 Ridge Road, Bakersfield, CA 93305 661-868-4100 Initials _____
<input type="checkbox"/> Kern County Superintendent of Schools 1300 17 <sup>th</sup> St. - CITY CENTRE, Bakersfield, CA 93301 661-636-4000 Initials _____	<input type="checkbox"/> Golden Empire Affordable Housing 601 24 <sup>th</sup> St., Ste B, Bakersfield, CA 93301 661-633-1533 Initials _____
<input type="checkbox"/> Other: Initials _____	<input type="checkbox"/> Other: Initials _____

### Consent:

I understand this consent for release of exchange of records and information is effective until such time consent is withdrawn by the undersigned or 15 months, whichever occurs first.

I have read this consent carefully.

Print Your Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Your Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Authorized Agency Use ONLY:

Please fax all related information to The Housing Authority of the County of Kern

Fax: (661) \_\_\_\_\_

Attention: \_\_\_\_\_

*Handwritten initials and date: G 1/20/12*