



**Scottsdale Housing Agency**  
 Paiute Neighborhood Center  
 6535 E. Osborn Rd., Bldg. 8  
 Scottsdale, AZ 85251-6029

PHONE 480-312-7717  
 FAX 480-312-7761  
 TDD 480-312-7411  
 WEB [www.ScottsdaleAZ.gov](http://www.ScottsdaleAZ.gov) search "Housing Choice Voucher"  
 PHA STAFF Form reviewed and take by:

**CHANGE REPORT (All changes must be reported within 10 days.)** Date: \_\_\_\_\_

Are you in the Family Self-Sufficiency (FSS) Program?  Yes  No

Head of Household: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Home #: \_\_\_\_\_

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

**No change form will be accepted without the proper documentation**

**DESCRIPTION OF CHANGE**

**INCOME CHANGES**

**INCREASE IN INCOME:**

- You will be required to fill out an  **Employment Verification Form**, and provide  **2 current paystubs**.
- Provide documentation.

Family Member	Employer Name or Source of Income (SS, SSI, TANF)	Employer's Mailing Address Or Source of income Mailing Address	Phone # / Email	Hourly or Monthly Amount	Hrs/ Week	Start Date

**DECREASE IN INCOME:**

- You will be required to fill out an  **Employment Termination Form**.
- If reporting employment termination, are you  **Applying for or**  **Receiving Unemployment?**  No

Family Member	Employer Name or Source of Income (SS, SSI, TANF)	Employer's Mailing Address Or Source of income Mailing Address	Phone # / Email	Hourly or Monthly Amount	Hrs/ Week	Start Date & End Date



Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

REVISED: April 2023 (SHA-01)





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**FAMILY COMPOSITION CHANGES**

**ADDING MEMBERS TO HOUSEHOLD**

- All additions to household must be approved in writing by the Landlord and PHA.
- Any changes to assets for any household member? Yes No

Family Member	Relationship	Date of Birth	Sex	Social Security #	Employer Name or Source of Income (SS, SSI, TANF)

**REMOVING MEMBER FROM HOUSEHOLD**

Family Member	Relationship	Date of Birth	Sex	Social Security #	Employer Name or Source of Income (SS, SSI, TANF)

**CHILD CARE EXPENSES**

**PURPOSE FOR CHILD CARE?**  To work  To attend school

Name of Provider	Provider Address	Phone #	Children Cared for	Amount Paid Weekly

**FULL-TIME STUDENT STATUS**

- You will be required to fill out an  **Education Verification Form**, and provide  **unofficial grade transcripts** for the previous 12 months at the annual reexam.
- If you drop out of full time status, you are required to complete a new change report.

Family Member	Name of Institution	Institution Address	Phone #	Full time / Part Time / Not Enrolled

**I CERTIFY BY MY SIGNATURE THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE. I FURTHER UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR DENIAL AND/OR TERMINATION OF MY FAMILIES HOUSING ASSISTANCE.**

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date



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