Carlsbad Housing Agency

# CHANGE REPORT FORM

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| **DIRECTIONS: 1) Fill out form completely;**  **2) ATTACH DOCUMENT(S) OF CHANGE.** |

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| **(A)** | **CASE INFORMATION: Write below the Head of Household’s Information.** | | | | |
| FIRST NAME | | | LAST NAME | | HOUSING SPECIALIST  Irma Cazarez  Rebeca Guerrero |
| STREET ADDRESS APT # | | | | |  |
| CITY  CARLSBAD CA | | ZIP CODE | | PHONE NUMBER  MESSAGE NUMBER  CELL NUMBER | |

**\*Please complete only the section(s) that apply to you.\***

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| **(B)** | **INCOME CHANGES: There has been an**  **Increase**  **Decrease in monthly income for:**  ***(ATTACH PAY STUBS, AWARD LETTER(S), EMPLOYER LETTER(S), NOTICES, etc. for all income changes.)*** | | | | | | | | | | |
| MEMBER NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NEW AMOUNT: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  weekly  bi-weekly  monthly | | | | DATE CHANGED | | | EXPLANATION: | | | | |
| MEMBER NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NEW AMOUNT: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  weekly  bi-weekly  monthly | | | | DATE CHANGED | | | EXPLANATION: | | | | |
| **(C)** | | **FAMILY CHANGES; ADDING MEMBER(S): List the person(s) you are requesting to ADD to the household. Use an additional CHANGE REPORT FORM if adding more than two members.** | | | | | | | | | |
| ADD **PERSON:** | | LAST NAME FIRST NAME | | | | BIRTHDATE | | SOCIAL SEC. # | | REASON FOR ADDING | INCOME |
| 1) Has this person ever been arrested for drug related activity or violent criminal activity?  Yes  No If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2) Is this person subject to a lifetime sex offender registration?  Yes  No | | | | | | | | | | | |
| **ADD PERSON:** | | LAST NAME FIRST NAME | | | | BIRTH DATE | | SOCIAL SEC. # | | REASON FOR ADDING | INCOME |
| 1) Has this person ever been arrested for drug related activity or violent criminal activity?  Yes  No If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) Is this person subject to a lifetime sex offender registration?  Yes  No | | | | | | | | | | | |
| ***Please be advised if you are requesting to add a member(s):******1)*** *You must have the Housing Agency and Owner’s approval before the person moves into the household;* ***2)*** *Please be advised that you will need to supply copies of picture I.D., birth certificate, Soc. Sec. card, and proof of income for each member being added at the time of your office appointment with your Housing Specialist;*  ***3)******Persons being added that are 18 years of age and older must sign this CHANGE REPORT FORM* *below.*** | | | | | | | | | | | |
| **(D)** | | **FAMILY CHANGES; REMOVING MEMBER(S): List the member(s) you are requesting to be REMOVED from the household. Use an additional CHANGE REPORT FORM if removing more than two members.** | | | | | | | | | |
| **REMOVE**  **MEMBER:** | | LAST NAME FIRST NAME | | | MOVE OUT DATE | | | | REASON FOR LEAVING HOUSEHOLD: | | |
| ***Please be advised if you are requesting to remove a member(s****): Documentation of the member’s new residence MUST be established before this member and this member’s income will be removed from the household.* ***(****Preferred documentation is a rental or lease agreement at the new residence or utility bill in the member’s name for the new residence)* | | | | | | | | | | | |
| **(E)** | | | **OTHER INFORMATION YOU WISH TO PROVIDE:** | | | | | | | | |
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**WARNING:** MAKING FALSE STATEMENTS IS A FELONYUNDER CALIFORNIA STATE LAW (PENAL CODE SECTIONS: 115, 118, 487, 532) & MAY RESULT IN CRIMINAL CHARGES INCLUDING PERJURY, GRAND THEFT, FILING FALSE DOCUMENTS WITH A PUBLIC OFFICE & OBTAINING MONEY UNDER FALSE PRETENSES! **IN ADDITION,** UNITED STATES CODE; UNDER TITLE 18; SECTION 1001 STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY & WILLINGLY MAKING FALSE STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I/We certify that the information given to the Carlsbad Housing Agency on household composition, income, and family assets, are true and complete. I also understand that all changes in household composition, income, and family assets must be reported to the Housing Agency, in writing, within 15 days of its occurrence.

### Signature of Head of Household Date

### Signature of Adult Member being added to Household Date

### Signature of Adult Member being added to Household Date



**Housing & Homeless Services** Q:\Housing Services\Rental Assistance\Change Report Form ENG. SPN 6.22

1200 Carlsbad Village Drive ⎪ Carlsbad, CA 92008 ⎪ 442-339-2810 t ⎪ 760-720-2037 f ⎪ [www.carlsbadca.gov](http://www.carlsbadca.gov)

Agencia de Vivienda de la Ciudad de Carlsbad

# Reporte de Cambios

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| **Direcciones: 1) Llene esta forma;**  **2) INCLUYA LA DOCUMENTACION NECESARIA PARA REPORTAR EL CAMBIO.** |

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| **(A)** | **INFORMACION: Escriba la informacion del jefe de familia.** | | | | |
| Nombre del applicante | | | Apellido | | Circule a su trabajadora  Irma Cazarez  Rebeca Guerrero |
| Calle Apt # | | | | |  |
| Ciudad | | Codigo Postal | | Telefono Numero  Numero de Mensaje  Cellular Numero | |

**\*Porfavor complete solamente las seccione(s) que le correspondan a usted.\***

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| **(B)** | **Cambio de Ingresos: Ha abido  Aumento  Disminuyo el ingreso mensual por:**  **(TIENE QUE INCLUIR***LOS T****ALONES DE CHEQUES O CULQUIER DOCUMENTACION QUE REGISTRE EL CAMBIO*.)** | | | | | | | | |
| Nombre:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NUEVA CANTIDAD  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  semanal  quincenal  mensual | | FECHA DEL CAMBIO | | | EXPLICACION: | | | | |
| Nombre:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NUEVA CANTIDAD  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  semanal  quincenal  mensual | | FECHA DEL CAMBIO | | | EXPLICACION: | | | | |
| **(C)** | **Cambios de familia: AUMENTO DE MIEMBRO (S): Liste la persona (s) que usted solicita AGREGAR en su familia. Use una forma adicional de REPORTE DE CAMBIO si agrega mas de dos miembros.** | | | | | | | | |
| **INCLUYA PERSONA:** | APELLIDO NOMBRE | | FECHA DE NACIMIENTO | | | | **SEGURO SOCIAL** | **RAZON PARA AGREGAR** | **INGRESOS** |
| 1)Ha sido esta persona alguna vez detenido por actividad de drogas o criminal violencia:  **Si  No**  Si es Si, por favor explique:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) Es esta persona sujeta a una registración por vida de delincuente sexual:  Si  No | | | | | | | | | |
| **INCLUYA PERSONA:** | **APELLIDO NOMBRE** | | FECH A DE NACIMIENTO | | | | **SEGURO SOCIAL** | RAZON PARA AGREGAR | INGRESOS |
| 1) Ha sido esta persona alguna vez detenido por actividad de drogas o criminal violencia:  **Si  No**  Si es Si, por favor explique:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2) Es esta persona sujeta a una registración por vida de delincuente sexual:  **Si  No** | | | | | | | | | |
| ***Si usted necesita incluir una persona:******1)*** *Usted debera tener autorizacion de nuestra agencia y del dueno de su unidad; 2) Por favor es aconsejado que usted necesitara presenter una foto de identificacion, partida de nacimiento, tarjeta de Servico Social y prueba de ingresos por cada miembro para ser agregados al momento de su cita con la Especialista de Vivienda.* ***3) Personas que han sido agregadas seran 18 anos o mayores y deben firmar abajo la FORMA DE REPORTE DE CAMBIO.*** | | | | | | | | | |
| **(D)** | **CAMBIOS DE FAMILIA: QUITANDO MIEMBRO (S): Liste la persona (s) que usted solicita REMOVER de su familia. Use una forma adicional de REPORTE DE CAMBIO si remueve mas de un miembro.** | | | | | | | | |
| **REMUEVA**  **PERSONA:** | **APELLIDO NOMBRE** | | | **REMOVIDO FECHA** | | **RAZON DE SER REMOVIDO DE LA FAMILIA** | | | |
| ***Por favor is aconsejado si usted solicita remover un miembro (s):*** *Documentacion de la residencia nueva del miembro DEBE ser establecido antes que este miembro y sus ingresos sean removidos de la familia. (Documentacion preferida es un acuerdo de renta o contrato de arrendamiento de la nueva residencia o recibo de utilidad en el nombre del miembro para la nueva residencia.* | | | | | | | | | |
| **(E)** | **OTROS CAMBIOS QUE NECESITE REPORTAR:** | | | | | | | | |
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**ADVERTENCIA**: HACER DECLARACIONES FALSAS ES UN CRIMEN GRAVE BAJO LA LEY DEL ESTADO DE CALIFORNIA (SECCIONES LEGALES DE CODIGO: 115, 118, 487, 532) Y PUEDE RESULTAR EN CARGOS CRIMINALES INCLUYENDO PERJURIO, ROBO GRANDE, ARCHIVANDO DOCUMENTOS FALSOS CON UNA OFICINA PUBLICA Y OBTENIENDO DINERO BAJO FALSAS PRETENCIONES! **EN ADICION** EL CODIGO DE ESTADOS UNIDOS BAJO EL TITULO 18; SECCION 1001 DETERMINA QUE UNA PERSONA ES CULPABLE DE UN CRIMEN HACIENDO ASTUTA Y VOLUNTARIAMENTE DECLARACIONES FALSAS A CUALQUIER DEPARTAMENTO O AGENCIA DE LOS ESTADOS UNIDOS.

Yo/Nosotros certificamos que la informacion dada a la Agencia de Vivienda de Carlsbad en composicion de familia, ingresos y ventajas familiars son verdaderas y completas. Tambien entiendo que todo cambio en composicion de familia, ingresos y ventajas familiars tienen que ser reportados por escrito a la Agencia de Vivienda dentro de 15 dias de su ocurrencia

### Firma del Jefe de Familia Fecha

**Firma del Miembro Adulto agregado a la Familia Fecha**

**Firma del Miembro Adulto agregado a la Familia Fecha**

**9**