



# Virgin Islands Housing Authority

## CHANGE OF CIRCUMSTANCES (HCVP Applicant/Participant)

### Type of Change

<input type="checkbox"/> Increase in Income	<input type="checkbox"/> Add an Asset	<input type="checkbox"/> Add Member	<input type="checkbox"/> Change of Status (disabled, full-time student, etc.)
<input type="checkbox"/> Decrease in Income	<input type="checkbox"/> Remove an Asset	<input type="checkbox"/> Remove Member	

### Household Information

Last Name (Head of Household)	First Name (Head of Household)	Social Security Number
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### Increase/Decrease in Income

<b>Please describe the change in income:</b>			
<b>Please complete the following:</b>			
Name of Person Whose Income Changed		Social Security Number	
Name of Employer/Agency/Contributor			
Contact Person		Phone Number	
Mailing Address	City	State	ZIP

### Add/Remove Asset(s)

<b>Please describe the change in assets:</b>			
<b>Please complete the following:</b>			
Name of Person Whose Assets Changed		Social Security Number	
Name of Financial Institution/Organization/Agency			
Contact Person		Phone Number	
Mailing Address	City	State	ZIP



## Add/Remove Household Member

I would like to have the following person added/removed from my household:			
Last Name	First Name	Social Security Number	
Relationship			
New Physical Address	City	State	ZIP
Home Phone	Cell Phone	Work Phone	
Reason			

## Change of Status

I would like to report the change in status concerning the following person:		
Last Name	First Name	Social Security Number
<b>Is currently:</b> <input type="checkbox"/> Disabled <input type="checkbox"/> A full-time student		

## Change of Address

I would like to report my new mailing address/contact information:			
New Mailing Address	City	State	ZIP
Home Phone	Cell Phone	Work Phone	

I/We hereby certify that the information provided on this request is true and accurate. I/We understand that any misrepresentation on my/our part will result in my/our application for housing assistance being rejected, or if already assisted, I/we may be evicted from our apartment or house.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of Spouse or Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

04.06.2020



## Required Documentation

### INCREASE/DECREASE IN INCOME

To verify an increase or decrease in income, you must provide at least one of the following documents:

- Letter from income source (i.e., employer, Social Security administration, unemployment office);
- Paystubs or other receipts; and/or
- Verification form (signed by the person whose income has changed).

If we cannot verify your increase/decrease of income, you will be required to self-certify your income, acknowledging the penalties for providing false or misleading information.

### ADDING/REMOVING ASSETS

To verify you have added or disposed of an asset, you must provide at least one of the following documents:

- Verification form (signed by the person whose asset(s) have changed); and/or
- Other third-party documentation concerning the addition/disposal of the asset (i.e., statement from financial institution or receipt/other documentation from the sale of the asset).

### ADDING A FAMILY MEMBER

To add a family member, you must provide the following documents:

*If the person to be added is 18 years old or older:*

- Birth certificate
- Photo ID (must be valid)
- Social Security card
- Declaration of Citizenship form (completed and signed)
- Criminal background form (signed)
- Proof of income (if applicable)
- Authorization for the Release of Information (signed form HUD-9886)
- If a full-time student, verification of full-time student status
- For HCV only: letter or new lease from landlord indicating approval to add family member

*If the person to be added is under 18 years old:*

- Birth certificate
- Social Security card
- Declaration of Citizenship form (completed and signed by parent/guardian)
- Legal guardianship documents (notarized or other letters are **not** acceptable)



## REMOVING A FAMILY MEMBER

To removed a family member, you must provide the following documents:

- Change of Family Composition form (completed and signed)
- Verification of new address (i.e., copy of lease at new address, WAPA bill with new address)
- Phone numbers of family member being removed
- For HCV only: letter or new lease from landlord indicating removal of family member

## CHANGE OF STATUS

To change a household member's status, you must provide the following documents

For a **disabled** household member:

- Verification form (signed by the person who is disabled, or if that person is a minor, by his/her parent/guardian)

For a **full-time student** (18 or older):

- Verification form (signed by the adult student); or
- Documentation from the school showing that the adult student is currently enrolled as a full-time student (document must show a course load of at least 12 credit hours and full payment for the current/upcoming semester)

