

**GASTONIA HOUSING AUTHORITY
P O BOX 2398
GASTONIA, NC 28053
704-864-6771**

SECTION 8 RENT CHANGE REQUEST FORM

NAME: _____ **SSN:** _____

PHONE #: (If no phone you must leave contact #) _____

CHANGES: Please mark all that apply

JOB:

NEW: NAME OF COMPANY: _____

COMPANY'S ADDRESS: _____

COMPANY'S PHONE # _____

Start date: _____ hours per week _____ Rate \$ _____ an hour

OLD: NAME OF COMPANY _____

Date ended: _____ Reason for leaving: _____

CHANGE HOURS: Start date: _____ hours per week _____ Rate \$ _____ an hour

UNEMPLOYMENT: Started: _____ Stopped: _____

DAYCARE EXPENSE: Started: _____ Stopped: _____

WFFA/AFDC: Started: _____ Stopped: _____

CHILD SUPPORT: Started: _____ Stopped: _____

SOCIAL SECURITY/SSI: Started: _____ Stopped: _____

FAMILY: ADD: _____

REMOVE: _____

* To remove family members, you must provide proof of their new address.

Explanations: _____

Signature: _____ **Date:** _____