

DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU
SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM
842 BETHEL STREET, FIRST FLOOR, HONOLULU, HAWAII 96813 • PHONE: (808) 768-7096 • FAX: (808) 768-7039
1000 ULU'OHIA STREET, #118, KAPOLEI, HAWAII 96707 • PHONE: (808) 768-3000 • FAX: (808) 768-3237
INTERNET: <http://www.honolulu.gov/dcs/housing.htm>

CHANGE IN INCOME/HOUSEHOLD COMPOSITION

If you are reporting changes or requesting to add someone to the household, check all that apply and supply the information requested below. Submit the original to the Section 8 Rental Assistance Branch, and keep one copy for your records.

Complete and submit this form only if you are reporting changes or requesting to add someone to the household. This form is not required for your annual recertification.

A decrease in income effective: _____ Explain: _____

IF YOU SELECTED A DECREASE IN INCOME, PLEASE SELECT ONE. IF LEFT BLANK, THERE WILL BE NO ADJUSTMENT:

- I'm requesting an adjustment to my share of the rent.
 I do not want my share of rent to be adjusted at this time.

An increase in income effective: _____ Explain and list the name and address of your source of this Income: _____

I wish to add a member(s) to my household effective: _____ Please list the name and relationship of the person(s) you wish to add: _____

A member is leaving, or has left, my household effective: _____ Please list the name, relationship, and *new address* of the person(s) that is leaving: _____

Other information I would like to report: _____

PLEASE PRINT:

Name: _____ Contact Phone: _____

Address: _____, HI Zip Code _____

I/We certify the above information is true and correct.

Head of Household Signature

Date

Co-Head/Spouse Signature

Date

IMPORTANT
PRINT OUT A COPY FOR YOUR RECORDS BEFORE SUBMITTING THE ORIGINAL FORM

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You must report the following changes to the City and County of Honolulu Section 8 Rental Assistance Branch, **in writing**, within ten (10) calendar days of the change:

1. **All** changes that occur to your family income. This includes earned and unearned income and all assets. The Section 8 Rental Assistance Branch will determine if your change will result in a change to your portion of the rent.
2. For families participating in the Family Self-Sufficiency (FSS) Program or the Homeownership Option Program (HOP), the Head of Household **must** report any type of income change (increase or decrease) to the Section 8 Rental Assistance Branch within 10 days and they will determine if your change results in a change to your portion of housing subsidy.
3. If any person is added to your household, or if any person leaves your household. You **must** obtain approval from both your landlord and the City before adding a person to your household.

The ten day reporting requirement means that you must report the change **within ten (10) calendar days from the effective date of the change**, in writing. Changes will not be accepted over the telephone.

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