

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/rentalassistance.htm>

**CHANGE IN INCOME/HOUSEHOLD COMPOSITION**

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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Complete the information below. Submit the original to the Section 8 Rental Assistance Branch. Keep one copy for your records. Check all that apply and complete the requested information.

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**