

**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:** \_\_\_\_\_