

## FOURTEEN DAY REPORTING NOTICE

I HAVE BEEN INFORMED THAT I MUST REPORT TO THE HOUSING CHOICE VOUCHER PROGRAM (HCVP) OFFICE, IN WRITING, WITHIN FOURTEEN (14) BUSINESS DAYS, ANY REQUIRED CHANGES AS STATED IN THE HCVP ADMINISTRATIVE PLAN. I MUST REPORT THESE CHANGES FOR EVERY HOUSEHOLD MEMBER, INCLUDING MYSELF. EXAMPLES OF SUCH CHANGES ARE CHANGES IN INCOME OR INCOME SOURCES, NAME CHANGES, CHANGES IN STUDENT STATUS AND CHANGES IN FAMILY COMPOSITION. I UNDERSTAND THAT THESE ARE EXAMPLES OF CHANGES THAT MAY OCCUR AND THAT MY OBLIGATION TO REPORT ALL REQUIRED CHANGES IS NOT LIMITED TO THE ITEMS LISTED IN THESE EXAMPLES. I FURTHER UNDERSTAND THAT ANY CHANGES INVOLVING A DECREASE IN INCOME MUST LAST IN EXCESS OF THIRTY (30) DAYS BEFORE THE CHANGE WILL BE COMPLETED.

I UNDERSTAND THAT IF I FAIL TO REPORT A REQUIRED CHANGE WITHIN THE REQUIRED TIME FRAME, OR FAIL TO PROVIDE ALL REQUIRED INFORMATION WITHIN THE REQUIRED TIME FRAME, ANY INCREASE IN INCOME WILL BE APPLIED TO MY CASE RETROACTIVELY, EFFECTIVE THE FIRST OF THE MONTH FOLLOWING THE DATE THE CHANGE OCCURRED. I UNDERSTAND I WILL BE RESPONSIBLE FOR ANY OVERPAID SUBSIDY AND MAY BE OFFERED A REPAYMENT AGREEMENT IN ACCORDANCE WITH THE POLICIES AS THEY ARE LISTED IN THE HCVP ADMINISTRATIVE PLAN. I FURTHER UNDERSTAND THAT MY FAILURE TO REPORT ANY REQUIRED CHANGES AND/OR PROVIDE ALL REQUIRED INFORMATION WITHIN THE REQUIRED TIME FRAME COULD RESULT IN ADVERSE ACTION, UP TO AND INCLUDING TERMINATION OF MY HCVP ASSISTANCE.

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

(By signing on the above line, I acknowledge that I have received a copy of this notice).

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DATE

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT 18 AND OLDER

\_\_\_\_\_  
DATE

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SIGNATURE OF OTHER ADULT 18 AND OLDER

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DATE

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SIGNATURE OF OTHER ADULT 18 AND OLDER

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DATE