



400 East Tuscarawas Street Canton, Ohio 44702-1131
 Phone: (330) 454-8051 Fax: (330) 580-9000 Relay 1-800-750-0750
 Web: www.starkmha.org



**Permission to Obtain Income / Benefit Information
Via User Name & Password**

I, _____ give permission to Stark Metropolitan Housing Authority to obtain my benefit / income information and payment history via the internet utilizing the website of the agency listed below. I understand that in order to access this information, a User Name and Password will have to be established on the appropriate website. Additionally, I understand that the established User Name and Password will be kept on this form and in my file at SMHA in the event this information would need to be accessed again in the future by SMHA personnel. This information would be accessed for required verification purposes only.

Type of Benefit Being Received: _____

If Child Support, Ordering County: _____

Established User Name: _____

Established Password: _____

PERSON RECEIVING BENEFIT: _____

SOCIAL SECURITY NUMBER: _____

Signature

Date

Section 8 Change Form

Tami N (A-C, MOD) _____
tnestleroad@starkmha.org

Brenda B (D-J) _____
bbentley@starkmha.org

Deidre S (K-R) _____
dswafford@starkmha.org

Christy J (S-Z, FUP) _____
cjohnson@starkmha.org

Marvin F (HH,HV,VASH) _____
mfox@starkmha.org

Resident/Head of Household: _____ Social Security #: _____

Address: _____ Phone #: _____

Email (optional): _____

****PLEASE NOTE:** IF YOU FAIL TO ATTACH THE REQUIRED DOCUMENTATION OF YOUR CHANGE AS INICATED BELOW, YOU WILL HAVE **ONLY 10 DAYS** FROM THE DATE STAMP ON THIS CHANGE FORM TO RETURN THE ITEMS LISTED TO OUR OFFICE**

START OF EMPLOYMENT:

For NEW employment, you must provide a statement **on company letterhead** that indicates your hire date, hourly rate and number of hours you work per week.

If you have changed employers you must provide both **new and former employer** information.

Name of Family Member Employed _____
New Employer _____ Employer Phone _____
Employer Address _____

END OF EMPLOYMENT: (You must submit a statement **on company letterhead** indicating your last day of work)

Name of Family Member No Longer Employed _____
Former Employer _____

UNEMPLOYEMENT BENEFITS: (Complete release form on the back side)

Now receive Unemployment Benefits
 No longer receive Unemployment Benefits Name of Family Member _____

DEPARTMENT OF JOB AND FAMILY SERVICES: (Provide statement of benefits from DJFS)

Now receive OWF or Disability Assistance (DA) Income
 No longer receive OWF or Disability Assistance (DA) Income Name of Family Member _____

CHILD SUPPORT PAYMENTS: (Provide 6 month payment history for **all** cases)

Now receive Child Support Payments
 No longer receive Child Support Payments Name of Family Member _____

SOCIAL SECURITY: (Provide your current Social Security award letter)

Now receive Social Security Payments
 No longer receive Social Security Payments Name of Family Member _____

CHANGE IN FAMILY SIZE: Please Note: Additions or Removals to your household **must** first be approved by SMHA

I wish to add someone to my household
 I wish to remove someone from my household
Name _____
Relation _____
SSN _____ Birthdate _____

OTHER:
