

**FINAL WARNING TO REPORT CHANGES IN ORDER TO KEEP YOUR HOUSING CHOICE VOUCHER ASSISTANCE (SECTION 8)**

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- **Many people receiving help from our agency through the Housing Choice Voucher Program have not reported important changes to us. The items you need to report are income changes (any increase or decrease) or household changes (people move in or out) If you are someone who has failed to report one of these important changes, you have three choices:**
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- **Option 1:** CALL THE OFFICE IMMEDIATELY to REPORT the change. You must agree to pay back any money you owe the housing authority due to your failure to report the change. You must then make timely regular monthly payments.
    - If you report by April 30, 2012, AND follow all of these steps, we will not end your assistance and terminate you from the program for the failure to report.
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- **Option 2:** Choose to go off the Housing Choice Voucher Program and not state that you failed to report the past change. The Pipestone HRA will not pursue an investigation or attempt to establish a claim for the past amounts you owe IF you choose to stop your assistance by April 30, 2012. You may simply sign and return the enclosed form indicating you wish to go off assistance by April 30, 2012. No further questions will be asked.
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- **Option 3:** Do not report the required change to the office. If you do nothing and we determine that you have failed to report the necessary change in a timely fashion, we will **TERMINATE YOUR ASSISTANCE; MAKE YOU PAY BACK ALL MONEY YOU OWE; AND MAY REFER THE SITUATION TO LAW ENFORCEMENT FOR CRIMINAL PROSECUTION!**
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- **DO NOT SELECT OPTION 3!!! THIS IS A FINAL WARNING TO ALL HOUSING CHOICE VOUCHER (SECTION 8) RECIPIENTS OF OUR AGENCY'S INTENTION TO AGGRESSIVELY PURSUE FRAUD TERMINATIONS AND RECOVERY!**
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- **Thank you to all of you who do report changes on time. We appreciate your cooperation, and you do not need to take any action at this time. Please continue to report all required information and changes as they occur. We look forward to continuing to serve you!**
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I \_\_\_\_\_ would like to be taken off of the HCV program effective  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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\*\*\*\*\*

I \_\_\_\_\_ would like to report that I have been receiving income in  
the

amount of \$ \_\_\_\_\_ per (circle one) Month Week Year.

My income is from this source \_\_\_\_\_ and it went into effect on  
\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_