



Growing & Moving Forward Together

Housing Authority of Champaign County
HOUSING CHOICE VOUCHER PROGRAM

205 W. Park Avenue
Champaign, Illinois 61820
Phone : (217) 378-7100
Fax : (217)363-2348

STATEMENT

Name: _____ Last 4 of SS#: _____

Address: _____

Phone Number: _____ Email Address: _____

Statement (Please Print)

Multiple horizontal lines for writing the statement.

By signing below, I am certifying that the information is true and correct. I also acknowledge it is my responsibility to report all changes in the income and/or family composition of my household within 60 days of the change in writing.

Signature: _____ Date: _____