DATE:\_\_\_\_\_

Head of Household Name:

Address:\_\_\_\_\_

Name of Property Manager:\_\_\_\_\_

## HOUSEHOLD STATUS CHANGE

Records received by the Housing Authority show that our current income information for your household may be inaccurate or that you have an income change. Attached is a form that details what your current information is. Please carefully review this form, including all household members, income sources, and assets, as well as any listed allowances. If anything is different, please utilize this form and return within 10 calendar days of letter date. Remember that your lease requires you to report all changes in your household to the Housing Authority in writing within 7 calendar days. Please sign and date this form.

1.	Has any	income, asset, or listed allowance ende	d? YES	NO	
	a. If Yes:	What ended:			
		When did it end:			
		Do you expect it to start again? YES	NO	If Yes, When:	
	b. If Yes:	What ended:			
		When did it end:			
		Do you expect it to start again? YES	NO	If Yes, When:	
2.	Has any	household member moved out?	YES	NO	
	a. If Yes:	Who:			
		When did they move out?:			
		What is their new address?			
		City:	State:	ZIP	
Turn p	bage over to back	side			

3. Is there	e any new income received by household members?	YES NO
a. If Yes	: Who is receiving the income:	
	What is the income source?	
	Contact information for income source:	
	City: Sta	te: ZIP
	Phone: I	ax:
	Start date: Monthly Gr	oss Amount:
	If employment: # of hours per week:	Pay rate:
b.If Yes	: Who is receiving the income:	
	What is the income source?	
	Contact information for income source:	
	City: Sta	te:ZIP
	Phone: I	<sup>3</sup> ax:
	Start date: Monthly Gr	oss Amount:
	If employment: # of hours per week:	Pay rate:
4. OTHE	R CHANGES	
a. Have yo	ou applied for Unemployment Benefits: YES	NO
b. Have ye	ou applied for W2 Benefits: YES NO	
c. OTHEI	<u>؛</u>	
«*PLEASE PH	ROVIDE DOCUMENTATION RELATED TO ANY	NEW INCOME OR ASSET
Signature:		Date:
Signature.		Date:
0		