

**REPORT OF CHANGE IN INCOME**  
(Green Form)

HEAD OF HOUSEHOLD: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ FILE #: \_\_\_\_\_

WHOSE INCOME CHANGED? \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

**(ONE PERSON PER FORM) – COMPLETE ALL SECTIONS (1 – 4)**

**1) WHAT SOURCE OF INCOME CHANGED?**

<input type="checkbox"/>	Employment / Work	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	Pension
<input type="checkbox"/>	TANF/General Assistance	<input type="checkbox"/>	Veterans Benefits	<input type="checkbox"/>	Military Pay
<input type="checkbox"/>	Social Security / SSI	<input type="checkbox"/>	Unemployment / SDI	<input type="checkbox"/>	Other:

**2) HOW DID IT CHANGE?**

<input type="checkbox"/>	Started	<input type="checkbox"/>	Amount increased	<input type="checkbox"/>	Changed Jobs
<input type="checkbox"/>	Stopped	<input type="checkbox"/>	Amount decreased		
<input type="checkbox"/>	Other:				

**3) ATTACH REQUIRED VERIFICATION TO THIS SHEET – CANNOT BE PROCESSED WITHOUT VERIFICATION**

<input type="checkbox"/>	Pay stub/letter from employer	<input type="checkbox"/>	Child support print out	<input type="checkbox"/>	Pension verification
<input type="checkbox"/>	Notice of Action from TANF	<input type="checkbox"/>	Letter from Veterans Administration	<input type="checkbox"/>	Military Pay verification
<input type="checkbox"/>	Letter from Social Security Administration	<input type="checkbox"/>	Check stub/award letter from unemployment/SDI	<input type="checkbox"/>	Other:

**Explain any other information:**

\_\_\_\_\_

\_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to a Department or Agency of the U.S. as to any matter within its jurisdiction. *I declare, under penalty of perjury, that the information above is true and complete.*

**4)** \_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD ONLY

\_\_\_\_\_  
DATE



**REPORT OF CHANGE IN FAMILY COMPOSITION**  
(Green Form)

HEAD OF HOUSEHOLD: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ FILE #: \_\_\_\_\_  
 EFFECTIVE DATE: \_\_\_\_\_

**I WOULD LIKE TO ADD THE FOLLOWING PERSON(S) TO MY HOUSEHOLD**

Last Name	First Name	MI	Date of Birth	Relationship	Sex	Disabled

*You must attach the following documents for each additional household member in order for this request to be processed. Failure to provide this information will result in denial of this additional household member. Additional household members are subject to approval by the Housing Authority. Do not move people into your household until they have been approved.*

<b>Documents required to add adult(s) to household</b> <input type="checkbox"/> Photo ID <input type="checkbox"/> Social Security Card <input type="checkbox"/> Income and asset verification <input type="checkbox"/> Written permission from the landlord <input type="checkbox"/> Signed release forms from new household member	<b>Documents required to add children to household</b> <input type="checkbox"/> Birth certificate <input type="checkbox"/> Social Security card <input type="checkbox"/> Income information (if any; Foster Care, SSI, etc.) <input type="checkbox"/> Written permission from the landlord
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**I WOULD LIKE TO REMOVE THE FOLLOWING PERSON(S) FROM MY HOUSEHOLD**

Last Name	First Name	MI	Date of Birth	Relationship	Sex	Disabled

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

\_\_\_\_\_  
DATE

