

CHANGE OF INFORMATION / INTERIM REPORT

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

1. List all members living in the household: _____

2. Describe the change/s you are reporting: _____

3. If your change involves employment, list the name, address, phone/fax of employer: _____

4. Has there been any change in the amount of income that comes into your household? **YES / NO**

If so, what is the change? (Be sure to include any income lost or received by a child that is 18 or older, any income lost or added by public assistance, or other types of income.) _____

5. Please check **ALL** sources of income you or anyone in your household has received in the **past 12 months.**

- | | | |
|---|--|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Self Employment (including babysitting) | <input type="checkbox"/> Tips or Bonuses |
| <input type="checkbox"/> Worker's Comp | <input type="checkbox"/> Child Support | <input type="checkbox"/> OWF/ADC |
| <input type="checkbox"/> Caregiver Income | <input type="checkbox"/> Money/Gifts received regularly | <input type="checkbox"/> Disability/Sick benefits |
| <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Social Security/SSI/SSD | <input type="checkbox"/> Black Lung Benefits |
| <input type="checkbox"/> Estate/Trust Fund | <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Adoption Assistance |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Military Pay | <input type="checkbox"/> Inheritance |
| Money | | |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Income from Rental Property | <input type="checkbox"/> Any Other Income |

6. Are you paying childcare in order to work / attend school / seek employment? **YES / NO**
Do you receive assistance with paying child care? **YES / NO**

From whom (name/address) and how much? _____
Name, address and phone number for childcare provider: _____

7. Are you currently participating in a qualified state / local training program? **YES / NO**
If Yes, where: _____

8. Have you applied for any benefits/help/assistance that you have not yet received? **YES / NO**
If so, which ones? _____

9. What are your current sources of income and how much does your family receive? _____

TO LOWER YOUR RENT FOR THE FOLLOWING MONTH, ALL INCOME CHANGES MUST BE REPORTED BY THE 21ST OF THE MONTH.

TENANT CERTIFICATION/AUTHORIZATION:

I/We certify that the information given to the Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We understand that false statements or information are grounds for termination of housing assistance.

ALL HOUSEHOLD MEMBERS 18 AND OLDER MUST SIGN:

SIGNATURE: _____ **DATE:** _____