

CHANGE OF INCOME OR HOUSEHOLD COMPOSITION

Name:	Date:
Address:	Phone:
	Email:

Instructions: Complete only the sections that are necessary to tell us how your household income or composition have changed. Complete all items in the applicable section and attach supporting documentation verifying the change.

What type of change?

<input type="checkbox"/> I am reporting an increase in household income	<input type="checkbox"/> I would like to remove a household member
<input type="checkbox"/> I am reporting a decrease in household income	<input type="checkbox"/> Other:

EMPLOYMENT / PAY UPDATE

<input type="checkbox"/> New Employment - include paystubs/offer letter	<input type="checkbox"/> Employment Ended - include termination letter
<input type="checkbox"/> Change in Pay - include paystubs/letter from employer	<input type="checkbox"/> Social Security or SSI
<input type="checkbox"/> Child Support - include court documentation	<input type="checkbox"/> Workers Compensation
<input type="checkbox"/> TANF (or state cash of any kind)	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Pension or Annuity	<input type="checkbox"/> Zero Income - Additional Form Required
<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Other:

Household Member:

Employer Name:

Employer Address:

Employer Phone & Email:

Describe Change:

Start Date: _____ **Stop Date:** _____

CHILD CARE EXPENSES - Attach a statement from the provider that includes any subsidies and/or co pays

Date of Change:

Provider Name:

Provider Phone and Address:

Your Portion of Payment: _____ **Pay Frequency:** _____

STUDENT STATUS (ADULTS) - Attach verification of enrollment status and financial aid

Household Member: _____ **Start Date:** _____

School Name: _____ **Stop Date:** _____

Part or Full Time: _____

HOUSEHOLD COMPOSITION - See instructions below for appropriate attachments

<input type="checkbox"/> Add a member to the Household - Have applicant complete an application from Management Office	
<input type="checkbox"/> Removing a Member:	Move Out Date:
Forwarding Address of Removed Member:	
<input type="checkbox"/> Name Change	Old Name: _____ New Name: _____
<input type="checkbox"/> Social Security Number Verification	
<input type="checkbox"/> Name Change Court Order	

IMPORTANT: Portsmouth Housing Authority must receive your written notice of your income and/or household composition within 10 business days following the change.

I, (print name) _____, authorize the **Portsmouth Housing Authority** to verify the information provided on this form. I understand that if the information is not completely filled out and/or supporting documentation is not attached, the review maybe cancelled. I understand that such verification may include contacting any appropriate employers, government agencies, or individuals identified on this form.

Head of Household Signature: _____ **Date:** _____

Signature of Member with Change

(if different from HOH): _____ **Date:** _____