

## Head of Household

Name (Last, First)		SSN (Last 4)	
Street Name & Number	City	State	Zip
Phone	Email Address		

**Instructions:** Complete only the sections necessary to tell us how your household income has changed. Complete all items in the applicable section and attach supporting documentation to verify the change. Both authorization forms for release of information must be signed by the person with the change, if 18 or older and head of household.

### What type of change:

- I am reporting an increase in household income     
  I am reporting a decrease in household income  
 Other \_\_\_\_\_

## Employment

### Attach pay stubs or a letter from employer

Change in pay or new employment	Employment ended
Household Member	Household Member
Employer Name	Employer Name
Employer Phone	Employer Phone
Employer Fax	Employer Fax
Employer Address	Employer Address
Hire Date	Stop Date
Hourly Pay Rate \$ _____ Hours Per Week: _____ Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2xs Per Month	<b><input type="checkbox"/> Attach confirmation from the employer of your last day worked.</b>

## Other Income

### Check all applicable boxes, write in details, and attach statements.

<input type="checkbox"/> Child Support <input type="checkbox"/> Pension or Annuity <input type="checkbox"/> Trust or Retirement Disbursements <input type="checkbox"/> VA Benefits <input type="checkbox"/> Gifts or Contributions <input type="checkbox"/> Cash Assistance (TANF/Aged, Blind, Disabled/Welfare) <input type="checkbox"/> Social Security or SSI <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other _____	
Household Member	Household Member
Describe Change	Describe Change
Amount \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month	Amount \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month
Start Date _____ Stop Date _____	Start Date _____ Stop Date _____

**Child Care Expense****Attach a statement from the provider that includes any subsidies and/or co-pays**Date of Change \_\_\_\_\_ Your Portion of Payment \$ \_\_\_\_\_ Per  Week  Month**Provider Info:** Name \_\_\_\_\_ Provider Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Student Status (Adults)****Attach verification of enrollment status and financial aid**

Household Member \_\_\_\_\_ Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_

Tuition Cost: \$ \_\_\_\_\_ Per  Quarter  SemesterFinancial Aid: \$ \_\_\_\_\_ Per  Quarter  Semester**Other Change****If no other section applies, use this space to explain your household's income/circumstances**

Household Member \_\_\_\_\_ Date of Change \_\_\_\_\_

Describe Change \_\_\_\_\_

**Important:** Seminole County Housing must receive your written notice of your income and/or household conditions change within 14 days of the change. Income decreases must be received by the 15th of the month in order to adjust your rent for the following month. If this form is not completely filled out and/or supporting documentation is not attached, the review may be delayed. If you are reporting a decrease in income, but you do not attach supporting documentation verifying the decrease, we will not adjust your rent. If you report change late (more than 14 days after the change) or not at all, you could owe Seminole County Housing Authority money and you may risk losing your housing subsidy.

I, (print head of household's name) \_\_\_\_\_, hereby authorize the Seminole County Housing Authority to verify the information provided by me on this form. I understand that if this form is not completely filled out and/or supporting documentation is not attached, the review may be canceled. I understand that such verification may include contacting any appropriate employers, governmental agencies, or individuals identified on this form.

\_\_\_\_\_  
**Head of Household's Signature**\_\_\_\_\_  
**Date**

**Acknowledgment:** By signing below, I agree that I understand that providing any Public Housing Authority with fraudulent paperwork or statement(s) is a crime. Any paperwork or written statement(s) provided to Seminole County Housing Authority which are found to be fraudulent will be forwarded to the Office of Inspector General for review to determine possible criminal charges.

\_\_\_\_\_  
**Head of Household's Signature**\_\_\_\_\_  
**Date**