

## NOTIFICATION OF CHANGE OF INCOME FORM

You must report to the Longview Housing Authority all changes that occur to your family income. This includes earned and unearned income and all assets. You must report in writing the changes and submit three consecutive pay check stubs or an employment verification form within ten business days from the effective date of the change. Changes will not be accepted over the phone.

Head of Household Name (HOH) : \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_ Caseworker : \_\_\_\_\_

Name of person the change is for (if different then HOH): \_\_\_\_\_

**Check the following that apply:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> New Job               | <input type="checkbox"/> Increase of Child Support | <input type="checkbox"/> Decrease in SS/SSI Benefits |
| <input type="checkbox"/> No Longer Working     | <input type="checkbox"/> Decrease of Child Support | <input type="checkbox"/> Increase in SS/SSI Benefits |
| <input type="checkbox"/> Decrease in Hours     | <input type="checkbox"/> Decrease in Food Stamps   | <input type="checkbox"/> Increase in Food Stamps     |
| <input type="checkbox"/> Increase in Hours/Pay |  |  |

Effective Date of Change: \_\_\_\_\_

Source of Income: \_\_\_\_\_

Place of Employment : \_\_\_\_\_

# of hours currently working: \_\_\_\_\_

Employment Rate: \_\_\_\_\_/Hour

Employment Contact Person: \_\_\_\_\_

Employment Phone #: \_\_\_\_\_

Employment Fax #: \_\_\_\_\_

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

Other Information to Report:

\_\_\_\_\_

\_\_\_\_\_

**Pick-up Employment Verification to take to Employer?** \_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that the information given to Longview Housing Authority regarding my status change, income, assets, allowances and deductions is accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
**Head of Household/Signature**

\_\_\_\_\_  
**Date**

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it an offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.