

SECTION 8 RENTAL ASSISTANCE
CHANGE OF INCOME/HOUSEHOLD REPORT FORM

Name: _____

Date: _____

Phone Number: _____

Change in household, if any:

Explain the situation:

Name of Household Member being added or removed.	SOCIAL SECURITY #	DATE OF BIRTH	List if person is being added or removed

Report a loss of income.

Explain the situation:

Name your previous source of income.	Address of previous employment.	Date previous employment ended.
Will you be receiving or applying for unemployment? Yes No		

Report change of income.

Explain the situation:

Name your new or additional source of income.	Address of new or additional source of income.	Date new or additional income began.

I, the undersigned, certify that the information reported on this form is true and correct. I understand that giving false, incomplete, and/or inaccurate information is punishable under Federal and State law and is grounds for termination from the Section 8 rental assistance program.

Signature of Head of Household or Other Adult Member

Date