



## Change of Income or Household Conditions

Head of household name (Last, First)	Head of household Social Security number (last 4)
Address	Primary phone number

**Instructions:** Complete only the sections that are necessary to tell us how your household income or conditions 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: _____                              |

<b>Employment</b> <i>Attach paystubs or a letter from the employer</i>	
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 _____
Effective date of the change _____	Stop date _____
Hourly pay rate \$ _____ Hours per week _____	<input type="checkbox"/> Attach confirmation from the employer of your last day worked

<b>Other income</b> <i>Check all applicable boxes, write in details, and attach statements</i>		
<input type="checkbox"/> <b>Child Support</b>	<input type="checkbox"/> <b>Pension or annuity</b>	<input type="checkbox"/> <b>Trust or retirement disbursements</b>
<input type="checkbox"/> <b>V.A. benefits</b>	<input type="checkbox"/> <b>Gifts or contributions</b>	<input type="checkbox"/> <b>(TANF / Aged, Blind, Disabled / Welfare)</b>
<input type="checkbox"/> <b>Social Security or SSI</b>	<input type="checkbox"/> <b>Unemployment benefits</b>	<input type="checkbox"/> <b>Other:</b> _____
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 _____	

<b>No income</b> <i>Complete this section if an adult in the household does not have any income or receive any contributions</i>	
Household member with no income/contributions _____	Start date _____
Describe income change _____	

**Continued on back...**

**Child care expense** *Attach a statement from the provider that includes any subsidies and/or co-pays*

Date of change \_\_\_\_\_ Your portion of the payment \$ \_\_\_\_\_ Per  Week  Month  
Provider name \_\_\_\_\_ Provider phone \_\_\_\_\_  
Provider Address \_\_\_\_\_

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

Household member \_\_\_\_\_ Start date \_\_\_\_\_ Stop date \_\_\_\_\_  
Tuition cost \$ \_\_\_\_\_ Per  Quarter  Semester Financial aid \$ \_\_\_\_\_ Per  Quarter  Semester

**Household Composition** *See instructions below for appropriate attachments*

**Complete a Request to Add a Household Member form if you want to add someone to your household.**

**Removing a member from the household**

Household member \_\_\_\_\_ Move out date \_\_\_\_\_

**Name change**

Old name \_\_\_\_\_ New name \_\_\_\_\_

- Attachments:  Copy of name change court order  
 Social Security number verification with the new name

**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:** Tuscaloosa Housing Authority must receive your written notice of your income and/or household conditions change within 10 business days of the change. Income decreases must be received by the 10<sup>th</sup> 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 a change late (more than 10 business days after the change) or not at all, you could owe Tuscaloosa Housing money and you may risk losing your housing subsidy.

I, (print head of household's name) \_\_\_\_\_, hereby authorize the Tuscaloosa 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 cancelled. 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** \_\_\_\_\_