

REPORT OF CHANGE OF INCOME OR FAMILY COMPOSITION
Public Housing and/or Section 8

Family Name _____ Address _____
Telephone Number _____

Put a check by the type of change you are reporting and write in whatever information you have about the change. Return this form to the office **immediately**.

CHANGE OF INCOME

Name _____ Social Security Number _____
Date change(s) took effect _____

Describe how the income is changed. What is new or different? What was it before the change?

Name & Address of new employer (if reporting new income) _____
Name & Address of old employer (if reporting loss of income) _____
Rate of pay per hour \$ _____ Number of hours worked per week _____ Date started _____

Is this employment currently a training program? Yes No
If yes, what type of program? _____

Changes must be reported in writing within ten days of the change. You must submit documentation or proof of this change **AS SOON AS POSSIBLE**; a rent change cannot be processed without verification. Failure on your part to submit verification in a timely manner may mean a delay in processing your change and/or a back charge.

Call the office (518-561-0720) if you have any questions about suitable verification of your income change.

Check here if you are working or going to school and you have to pay child care expenses for which you are not reimbursed by the Department of Social Services or any other agency. Name and address of child care provider: **(if not provided, no credit will be given)**. _____

CHANGE IN HOUSEHOLD COMPOSITION

- Person left household (affidavit or proof of other residency will be required for verification): Name _____ When? _____
- Person would like to join household (written approval of management or landlord is required before the person may move in). Application form and verification of income must be submitted. Name _____ When? _____
- Child born (birth certificate & social security card required): Name _____ Date of Birth _____

Signature _____ Date _____

For Office Use Only

Date Received