INCOME CHANGE PROCEDURE

ALL changes in income **MUST** be reported to the **Office within ten (10) days of the change occurring**. _Failure to comply is grounds for termination of the dwelling lease_.

Following is a checklist to assist you:

- Completed Income Change Form (attached)

- Copies of Check Stubs

- Copy of Work Separation letter if work was terminated

- Effective Date of job beginning, job ending, increase in hours or pay, etc.

- Copies of Child Support Payments, if applicable

- Copy of Food Stamp SNAP benefits, if applicable

- Copy of TANF, if applicable

- Name, Address, Phone Number, Email for employer

- Full-Time Student Status

- Childcare Cost, if applicable

- Copy of Social Security or SSI letter

- Copy of Retirement, Pension, etc.

- Copy of Bank Statements

- Copy of Other income sources

If employment is ending and NO new employment is beginning or income is under $6,000 annually, tenant _MUST complete the Zero-Income Worksheet and return ASAP_!

INCOME CHANGE

Person Reporting Change: _____ Unit #: _____ Date: _____

I. Has the tenant [ ] begun new employment, [ ] changed, or [ ] begun additional employment?

Name of employer: _____ Telephone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Date employment began: _____ Hours worked per week: _____ Wages per hour: $_____

Have you been employed in the last 12 months? [ ] Yes [ ] No   If yes, list :
Name of that employer: _____ Telephone #: _____
Address: _____ City: _____ State: _____ Zip: _____

II. If tenant is no longer employed: Late date of employment: _____
Name of employer worked for: _____

Will tenant receive Unemployment Benefits?   If yes, amount received $_____
[ ] weekly [ ] monthly   Need letter from Unemployment stating amount received.

III. Child Support: Amount received per [ ] week [ ] month $_____
                          If paid to AG's office: CIN #: _____

IV.   Other Incomes: Social Security: $_____ Supplemental Income: $_____
                          Retirement: $_____ TANF: Amount per month: $_____
                          Other types of income: _____ Amount: $_____
                          Food Stamps: Amount received per month: $_____

V. Child Care Cost:
Do you pay childcare expenses for children age 12 and under while you work or attend school?
If yes to attend school list name and address of school: _____
_____
     If yes, complete following for each child:
     Child's Name: _____ Amount: $_____ Per _____
     Child's Name: _____ Amount: $_____ Per _____
     Child's Name: _____ Amount: $_____ Per _____
     Child's Name: _____ Amount: $_____ Per _____

Child's Name	Provider	Address	Phone # of Provider

Does any State or Government Agency pay all or part of your day care expenses? [ ] Yes [ ] No
If yes, who: _____
Address: _____ City: _____ State: _____ Zip: _____

Signature: _____   **Date:** _____