


 Public Housing

 Section 8

**REQUEST FOR INCOME AND HOUSEHOLD CHANGES**

Name of Head of Household: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Instructions: ONLY complete the sections that are necessary to tell us how your household income or conditions changed. Provide a response for all items in the applicable section and attach additional pages if necessary.**

Employment changes	
Working <input type="checkbox"/> Started <input type="checkbox"/> Stopped <input type="checkbox"/> Changed Jobs Wages and/or Hours: <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <b>*Attach recent check stub or letter from employer</b>	Household Member: _____ Employer Name: _____ Employer Phone: _____ Date of change: _____ Hourly Pay Rate: _____ Hours per week: _____

Other household income changes	
<input type="checkbox"/> Unemployment <input type="checkbox"/> Pension or annuity: <input type="checkbox"/> TANF (families first): <input type="checkbox"/> Child/Spousal Support: <input type="checkbox"/> SS/SSI: <input type="checkbox"/> Trust or retirement: <input type="checkbox"/> V.A. Benefits: <input type="checkbox"/> Other _____	Household Member: _____ Describe Change: _____ Amount: \$ _____ per <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH Start date: _____ Stop date: _____

*\*REQUIRED DOCUMENTATION (attach the following): Recent printout for change listed (unemployment office, check stub, DHS statement, letter from Social Security Administration, or copy of child support document)*

Please list anyone who will be helping you pay your bills, please list: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student Status	
Household Member: _____ Tuition Cost \$ _____ per <input type="checkbox"/> Quarter <input type="checkbox"/> Semester	Name of Institution: _____ Financial Aid \$ _____ per <input type="checkbox"/> Quarter <input type="checkbox"/> Semester

Change of Expenses	
<input type="checkbox"/> Stopped <input type="checkbox"/> Increased <input type="checkbox"/> Decreased Child Care or Medical <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Phone Number: _____	Name of Provider: _____ Address: _____ Other Expenses change: _____

Family Composition Changes for Addition		
Name of Person	Relation to Head of Household	DOB

Family Composition Changes for Removal *attach verification of new address*		
Name of Person	Effective Date	New Address

**WARNING: Title 18, Section 1001 of the United States Code, States that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.**

I declare under penalty of perjury under the laws of the United States of America and the State of Tennessee that the information contained in this statement of facts are true, correct and complete.

I, hereby authorize the release of the information requested directly to the housing agency.

\_\_\_\_\_  
*Applicant/Tenant Signature*

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

Office Use Only
ZIC given : _____
Return date: _____