TVHS Tennessee Valley HOUSING SERVICES

☐ Public Housing ☐ Section 8 ☐ RAD

Request for Income and Household Changes

For Office Use Only

Head of Household Name: _____ Email: _____

Address: _____ Phone: _____

Instructions: ONLY complete the sections pertaining to changes you are reporting.
You will be required to provide supporting documentation for the change you are reporting. PLEASE PRINT

Employment Changes

Working

☐ Started ☐ Stopped ☐ Changed jobs

Wages and/or hours:

☐ Increased ☐ Decreased

*** Must provide 4-6 week check stubs or separation notice**

Household Member: _____

Employer Name: _____

Employer Phone: _____

Date of Change: _____

Hourly Pay Rate: _____ Hours Per Week: _____

Other Household Income Changes

☐ Unemployment ☐ Pension

☐ TANF (families first) ☐ Child/Spousal Support

☐ SS/SSI ☐ Trust or retirement

☐ VA Benefits ☐ _____

Household Member: _____

Describe Change: _____

Amount: $_____ per ☐ week ☐ month

Start date: _____ Stop date: _____

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

Address: _____ Phone Number: _____

Student Status (Age 18 or over)

Household Member: _____ Name of Institution: _____

School phone number: _____ Address: _____

Expenses

☐ Child Care ☐ Medical ☐ Stopped ☐ Increased ☐ Decreased

Name of Provider: _____ Phone number: _____

Other expenses change: _____

Family Composition Changes

☐ Requesting to add household member(s) ☐ Requesting to remove household member(s)

If removing household member(s) list effective date: _____ New Address: _____

Name of Person	Relationship to Head of Household	DOB

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: _____