



Baytown Housing Authority

"Building Communities One Family At a Time"

REPORT CHANGE IN INCOME or EXPENSES

Name of Head of Household: _____ Social Security #: _____

For which family member, if NOT head of household: _____ Phone Number: _____

<p style="text-align: center;">EMPLOYMENT</p> <p>Work: <input type="checkbox"/> Started <input type="checkbox"/> Stopped <input type="checkbox"/> Changed Job</p> <p>Wages or Hours: <input type="checkbox"/> Increased <input type="checkbox"/> Decreased</p> <p>Name and Address of Employer:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Employer Phone/Fax #:</p> <p>_____</p> <p>Attach Required Documentation:</p> <p><input type="checkbox"/> Sign first line on attached <u>Employment Verification Form</u></p> <p><input type="checkbox"/> Provide recent check stubs or letter from employer</p>	<p style="text-align: center;">HOUSEHOLD INCOME</p> <p style="text-align: right;">Stopped Increased</p> <p>Decreased <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Unemployment: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>TANF/Food benefits: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>SS/SSI: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Child/Spousal Support: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Attach Required Documentation:</p> <p><input type="checkbox"/> Recent printout from Unemployment office</p> <p><input type="checkbox"/> Social Security or TANF/Food Stamp Letter</p> <p><input type="checkbox"/> Recent printout or current Notice of Action</p> <p><input type="checkbox"/> Copy of check/printout/letter/court documents</p>
<p style="text-align: center;">CHILD CARE EXPENSES</p> <p style="text-align: center;">Stopped Increased Decreased</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Name and Address of Child Care Provider:</p> <p>_____</p> <p>_____</p> <p>Phone Number: _____</p> <p>Attach Required Documentation</p>	<p style="text-align: center;">MEDICAL EXPENSES</p> <p style="text-align: center;">Stopped Increased Decreased</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: center;">DISABILITY EXPENSES</p> <p style="text-align: center;">Stopped Increased Decreased</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Attach Required Documentation</p>
<p>OTHER CHANGES OR INFORMATION:</p>	

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the US Gov.

I declare, under penalty of perjury, that the above information is true and complete.

Signature of Head of Household

Date



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EMPLOYMENT VERIFICATION

I, _____, hereby authorize all persons or companies to release information regarding employment, income and/or assets for purposes of verifying information for eligibility or continued BHA participation. I authorize release of information without liability to BAYTOWN HOUSING AUTHORITY.

Office use only below this line

Employer: _____

Address: _____

Re: _____ SSN: _____

BHA is required to verify the income of all family members applying for or living in Federally Assisted Housing. We ask for your cooperation in supplying employment information below about the referenced individual. This information will be kept in strict confidence and will only be used to determine this client's eligibility status and/or monthly rent.

BHA Staff Representative

Date

HA Code

EMPLOYERS - PLEASE COMPLETE APPLICABLE INFORMATION:

Employee name as shown on your records: _____

Employee address as shown on your records: _____

Hire date: _____ Position: _____ Currently employed? () Yes () No

If terminated, give last date of employment: _____ Date last paycheck issued: _____

Hourly pay rate: \$ _____ Number of hours worked per week: _____

Overtime Pay Rate: \$ _____ Number of overtime hours worked per week: _____

Pay Cycle: () Weekly () Bi-weekly () Semi-Monthly () Monthly

Other compensation not included above (commission, tips, bonuses, etc.): _____

If employed with a school district, is participant employed during the summer months? () Yes () No

Is pay received for vacation? () Yes () No Number of vacation days per year: _____

Signature

Title

Date

Company Name

Address

Phone Number

Fax Number