



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;"><u>EMPLOYMENT</u></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 Fax #: _____</p> <p><u>Attach Required Documentation:</u></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;"><u>HOUSEHOLD INCOME</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Stopped</td> <td style="text-align: center;">Increased</td> <td style="text-align: center;">Decreased</td> </tr> <tr> <td>Unemployment:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>TANF:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>SS/SSI:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Child/Spousal Support:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p><u>Attach Required Documentation:</u></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>		Stopped	Increased	Decreased	Unemployment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TANF:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SS/SSI:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child/Spousal Support:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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<p><u>OTHER CHANGES OR INFORMATION:</u></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