

HOUSING AUTHORITY OF THE COUNTY OF GREENE
102 SCHOOL DRIVE
WAYNESBURG, PA 15370

REPORT OF CHANGE IN INCOME/FAMILY COMPOSITION

NAME OF HEAD OF HOUSEHOLD: _____ PHONE NUMBER: _____

EFFECTIVE DATE OF CHANGE: _____ SS#: _____

For which Family Member if not Head of Household: _____

<p><u>CHANGE BEING REPORTED</u> Wages and/or Hours: <input type="checkbox"/> Increased <input type="checkbox"/> Decreased</p>	<p><u>REQUIRED DOCUMENTATION</u> (Attach the following) Recent check stub or letter from employer</p>
<p><u>CHANGE BEING REPORTED</u> Working: <input type="checkbox"/> Started <input type="checkbox"/> Stopped <input type="checkbox"/> Changed Jobs</p>	<p><u>REQUIRED DOCUMENTATION</u> Name and address of employer: _____ _____ Phone () _____ () _____</p>
<p><u>CHANGE BEING REPORTED</u> UNEMPLOYMENT: <input type="checkbox"/> Started <input type="checkbox"/> Stopped</p>	<p><u>REQUIRED DOCUMENTATION</u> Recent printout from Employment Security Dept. or check</p>
<p><u>CHANGE BEING REPORTED</u> TANF: <input type="checkbox"/> Started <input type="checkbox"/> Stopped <input type="checkbox"/> Increased <input type="checkbox"/> Decreased</p>	<p><u>REQUIRED DOCUMENTATION</u> Recent printout of current Notice of Action</p>
<p><u>CHANGE BEING REPORTED</u> SS/SSI: <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Started <input type="checkbox"/> Stopped</p>	<p><u>REQUIRED DOCUMENTATION</u> Letter from Social Security Administration</p>
<p><u>CHANGE BEING REPORTED</u> Child/Spousal Support: <input type="checkbox"/> Started <input type="checkbox"/> Stopped</p>	<p><u>REQUIRED DOCUMENTATION</u> Copy of check/DR printout/letter/court documents</p>

<p>DELETE—Household Member</p>	<p>Name: _____ Attach the following: Verification of new address (i.e. lease, rent receipt, business mail, etc. for new address)</p>
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<p>ADD—HOUSEHOLD MEMBER</p>	<p>Complete below and attach the following: Birth certificate, Social Security Card, Income verification, picture ID (Drivers License/State ID) signed Release form for Adults (provided by Housing Authority).</p>
<p>Last Name _____ First Name _____</p>	<p>Date of Birth ____/____/____ Sex ___Male ___Female Place of Birth _____</p>
<p>SS# _____ Race _____</p>	<p>I understand that the person listed above can not live in my unit until I receive prior written approval from the Housing Authority. (This requirement does not apply to additions by reason of natural birth, court awarded custody, and/or adoptions) _____ (initials)</p>

<p>Other Changes: (Specify Type) _____</p>
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<p>WARNING:</p>	<p>Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false Statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.</p>
<p>I declare, under penalty of perjury, that the above information is true and complete.</p>	
<p>_____ SIGNATURE OF HEAD OF HOUSEHOLD</p>	<p>_____ DATE</p>