

INCOME CHANGE REQUEST

Today's Date: _____

Head of Household's Name: _____ SS#: _____

Person Requesting Change: _____ SS#: _____
(leave blank if same as head of household)

ADDRESS: _____

PHONE NUMBER(s): cell _____ home _____ work _____

EMAIL: _____

ARE YOU ADDING INCOME? YES NO

List the Income you are requesting to **ADD**: (Include type, from whom, how much, how often, etc.)

ARE YOU REMOVING INCOME: YES NO

List the Income you are requesting to **REMOVE**: (Include type, from whom, how much, etc.)

DATE THIS CHANGE OCCURRED: _____

Additional information to be considered regarding your change: _____

YOU MUST CHECK ALL YES OR NO BOXES - IF NOT CHECKED, THIS FORM IS INCOMPLETE AND WILL BE RETURNED TO YOU TO COMPLETE

I am currently receiving income from the following source(s): (You must provide proof of new income)

Employment	<input type="checkbox"/> YES <input type="checkbox"/> NO	**COMPLETE ALL INFO FOR EMPLOYER**	
Employer Name:			
Employer Address:			
Employer Phone #:		Employer Fax #	
Rate of pay?	Hrs per week?	How often paid?	
Unemployment Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount:	How often paid?
Worker's Comp	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount:	How often paid?
Retirement Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount:	How often paid?
Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount:	How often paid?
SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount:	How often paid?

<i>TANF</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount:	How often paid?
<i>Food Stamps</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount:	How often paid?
<i>Child Support</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount:	How often paid?
<i>Anyone who pays me cash</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount:	How often paid?
<i>Anyone who gives me cash</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount:	How often paid?
<i>Self Employment</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount:	How much per month?
<i>Interest, dividends and other net income from real or personal property</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount:	How often paid?
<i>Regular or special pay from the Armed Forces</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount:	How often paid?
<i>Other (please explain)</i>		Amount:	How often paid?

Do you or anyone in your household pay for child care? YES NO

If yes, Who? _____

For which child/children? _____

How much per month? _____

Name of child care provider: _____

Phone # of child care provider _____ Fax # of child care provider _____

Does anyone else or any agency pay child care for you? YES NO

If yes, please provide name of person or agency: _____

Phone # for person or agency that pays for you:: _____

PLEASE READ BEFORE SIGNING BELOW

I understand that this request for a change in income will not be processed until all income information has been verified. I understand that I will receive a written notice informing me of my new portion of rent and effective date. The following are various types of income that must be reported by you or any family member over the age of 18. **Wages from Employment, TANF, Child Support, Family Contributions, Social Security, SSI, SSDI, Unemployment, Worker's Compensation, Self Employment or any other monetary type and amount received.**

I understand that I am still responsible for my portion of the rent until I have been officially notified by Texas Department of Housing and Community Affairs (TDHCA) of what my new rent portion will be. I understand that it is my responsibility to report all changes in income and household size within 30 days from the date of occurrence. I understand that if I fail to report my changes in a timely manner, TDHCA will not be under any obligation to pay any portion of my rent for the months that the change was not reported. I understand that I will be responsible for repaying TDHCA any amounts that may have been overpaid to my landlord due to my failure to report a change in my income and household size.

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.

Head of Household Signature: _____

Date: _____

Family Member Signature: _____

Date: _____

(Leave blank if same as head of household)