



**CHANGE OF INCOME NOTIFICATION**

Please complete this form to report a change in income. Check all boxes that apply and complete the appropriate sections and/or provide listed verification.

**NAME:** \_\_\_\_\_

(Print Name of Head of Household as shown on file)

**Name of Family Member that has the Change of Income:** \_\_\_\_\_

(Print Name of family member with the change and social security number as shown of file)

**This is to report a—**

- End of employment:** Complete Section A
- Start of employment:** Complete Section B
- Change in rate of pay:** Complete Section C
- Change in number of hours worked:** Complete Section C
- Change in Self-Employment Income:** Complete Self-Employment Verification
- Start or End of Unemployment:** Attach last statement received. Explain on Other below.
- Start or End of Workman's Comp:** Attach last statement received. Explain on Other below.
- Increase or Decrease in TANF:** Complete Section D
- Increase or Decrease in Child Support:** Complete Section E
- Increase or Decrease in Social Security Benefits:** Attach Social Security Letter
- Change in VA Pension, Retirement, or Investment Income:** Attach Letter or Statement showing change. Caseworker may contact you for additional information if needed.
- Other change of income:** Please Explain \_\_\_\_\_

Caseworker may contact you for additional information if needed.

**To complete sections A, B, and C:** you must provide the **correct** name of your employer and the **complete and correct** mailing address where employment inquiries should be sent. **Do not use address from phone book.** You need to ask your employer for the complete mailing address where employment inquiries should be sent. **Failure to provide the correct and complete mailing address as requested is a violation of your Family Obligations and could result in termination of Section 8 Assistance.**

**If you have no income—**You also need to complete a **Family Living Expense Form.**

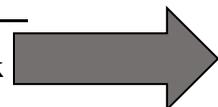
- **Warning!** Title 18, Section 1001 of the United States Code, states that a person is guilty of a Felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.

I hereby authorize the release of any information to Norman Housing Authority needed to verify the above reported change in income.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Continued on Back





**Section A Please Print**

NHA Use Only: Date Mailed

Employer's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Last Day Worked \_\_\_\_\_

•Effective Date

If reported by the 22<sup>nd</sup> of the month, the change will be entered for the following month.

•Verification from employer overrides the information provided if different.

**Section B Please Print**

NHA Use Only: Date Mailed

Employer's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
First Day Worked \_\_\_\_\_ Pay Rate \$ \_\_\_\_\_  
How often received?  yearly  monthly  bi-weekly  weekly  
If hourly, number of hours per week \_\_\_\_\_

•Attach copies of Paycheck Stubs if any have been received.

•Effective Date

This change will take effect on the first of the month following 30 days from the date received.

•Verification from employer overrides the information provided if different.

**Section C Please Print**

NHA Use Only: Date Mailed

Employer's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
New Pay Rate \$ \_\_\_\_\_ New Hours/Week \_\_\_\_\_

•Attach copies of Paycheck Stubs that show the changes being reported.

•Decreases take effect as in Section A.

•Increases take effect as in Section B.

•Verification from employer overrides the information provided if different.

**Section D Please Print**

NHA Use Only: Date Mailed

New TANF Amount \$ \_\_\_\_\_

•If TANF case was closed due to unfulfilled obligations, we are required to continue counting the last TANF reported as income.

**Section E Please Print**

NHA Use Only: Date Mailed

New Child Support Amount \$ \_\_\_\_\_  
How often received?  monthly  weekly

•If not received from the local Child Support Enforcement office, please write the correct and complete mailing address in Section A.