

Housing Authority of the County of Wake

INTERIM REPORTING FORM - HOUSEHOLD INCOME CHANGE

ATTACH ALL PROPER DOCUMENTS/PAYSTUBS FOR CHANGE TO BE EFFECTIVE

PUBLIC HOUSING

HOUSING CHOICE VOUCHER

Name: _____ SSN(last 4 digits) _____

Address: _____

Primary Telephone: _____ Alternate Telephone: _____

Work Telephone: _____ Email Address: _____

INCREASE OF INCOME: If your income has increased, please attach most recent pay stubs reflecting the increase, employment letter verifying new job, and/or notice of increase, and provide the following: Circle all that apply

Wages/ Child Support/ Work First/ SS/SSI/ Other

Address:

Phone:

DECREASE OF INCOME: If your income has decreased, please attach three (3) most recent paystubs along with notice from employer reflecting the decrease in hours and/or pay, also provide the following: Circle all that apply

Wages/ Child Support/ Work First/ SS/SSI/ Other

Address:

Phone:

LOSS OF EMPLOYMENT: If you are no longer employed, please attach termination letter, unemployment benefit notice and provide the following:

Employer:

Address:

Phone

Termination Date:

Date you filed for Unemployment:

Reason for Termination

___ Company Layoff ___ Medical ___ Voluntary Quit ___ Other ___ (specify below)

Family Self Sufficiency Participant (FSS) ___ Yes ___ No

Tenant Signature

Date