



## CHANGES TO HOUSEHOLD INCOME or STUDENT STATUS

List any changes to your household income. Include all income sources.

**Example:** Wages, Child Support, TANF, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest Income on Assets, Babysitting, Alimony, Annuities, Dividends, Income from Rental Property, etc.

<input type="checkbox"/> <b>Wages</b>  <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New Job - Start Date: _____ <input type="checkbox"/> No longer employed Last Date Worked: _____  <i>* Provide supporting documentation ie. separation letter or termination notice.)</i>	Employer Name		Phone Number
	Address		
	New Income Amount \$	How often per	<input type="checkbox"/> Week <input type="checkbox"/> Month
	If you are reporting a loss in wages, you must identify a source of replacement income by selecting one of the following: <input type="checkbox"/> Unemployment <input type="checkbox"/> MFIP (Welfare) <input type="checkbox"/> Looking for Work <input type="checkbox"/> Other: _____		
<input type="checkbox"/> <b>Benefits</b>  <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$	How often per	<input type="checkbox"/> Week <input type="checkbox"/> Month
<input type="checkbox"/> <b>Child Support</b>  <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$	How often per	<input type="checkbox"/> Week <input type="checkbox"/> Month
<input type="checkbox"/> <b>Child Care Costs</b>  <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	Provider Name		Phone Number
	Address		
	New Expense Amount \$	How often per	<input type="checkbox"/> Week <input type="checkbox"/> Month
<input type="checkbox"/> <b>Student Status</b>  (Head, Spouse or Co-Head)	Name of School		Date of Enrollment
	Address		
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> No longer enrolled in school			
<input type="checkbox"/> <b>Other Income Changes</b>	Please explain the change:		

## APPLICANT CERTIFICATION

I certify that the information given is accurate and complete to the best of my knowledge and belief. I understand that providing false information is punishable under Federal and State law and is grounds for denial of my application or termination of my lease. I also understand that changes in my student status, address and employment could impact my status on the waiting list.

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you need help completing this form, call 703-792-7530