

CHANGES TO HOUSEHOLD INCOME or STUDENT STATUS

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

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

<input type="checkbox"/> Wages <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New Job <input type="checkbox"/> No longer employed* <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"/> MFIP <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"/> Child Support <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"/> Child Care Costs <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"/> Student Status (Head, Spouse or Co-Head)	Name of School	Date of Enrollment	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> No longer enrolled in school
	Address		
<input type="checkbox"/> Other Income Changes	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: _____

If you need help completing this form, call 651-675-4534.