

KIAMICHI HOUSING AUTHORITY

REPORT CHANGE IN INCOME or EXPENSES

Name of Head of Household: _____ Social Security #: _____

For which family member, if not head of household: _____ Phone Number: _____

<p style="text-align: center;">EMPLOYMENT</p> <p>Work: <input type="checkbox"/> Started <input type="checkbox"/> Stopped <input type="checkbox"/> Changed Job</p> <p>Wages or Hours: <input type="checkbox"/> Increased <input type="checkbox"/> Decreased</p> <p><u>Name and Address of Employer:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Employer Fax #: _____</p> <p><u>Attach Required Documentation:</u></p> <p><input type="checkbox"/> Sign first line on attached <u>Employment Verification Form</u></p> <p><input type="checkbox"/> Provide recent check stubs or letter from employer</p>	<p style="text-align: center;">HOUSEHOLD INCOME</p> <p style="text-align: right;">Stopped Increased Decreased</p> <p>Unemployment: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>TANF: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>SS/SSI: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Child/Spousal Support: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><u>Attach Required Documentation:</u></p> <p><input type="checkbox"/> Recent printout from Unemployment office</p> <p><input type="checkbox"/> Social Security or TANF/Food Stamp Letter</p> <p><input type="checkbox"/> Recent printout or current Notice of Action</p> <p><input type="checkbox"/> Copy of check/printout/letter/court documents</p>
<p style="text-align: center;">CHILD CARE EXPENSES</p> <p style="text-align: center;">Stopped Increased Decreased</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><u>Name and Address of Child Care Provider:</u></p> <p>_____</p> <p>_____</p> <p>Phone Number: _____</p> <p><u>Attach Required Documentation</u></p>	<p style="text-align: center;">MEDICAL EXPENSES</p> <p style="text-align: center;">Stopped Increased Decreased</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: center;">DISABILITY EXPENSES</p> <p style="text-align: center;">Stopped Increased Decreased</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><u>Attach Required Documentation</u></p>
<p>OTHER CHANGES OR INFORMATION:</p>	

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the US Gov.

I declare, under penalty of perjury, that the above information is true and complete.

Signature of Head of Household

Date