

**Public Housing Scattered Site Program**  
**Change of Income/Household Report Form**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*Change in household, if any:*

Name of Household Member being added or removed.	SOCIAL SECURITY #	DATE OF BIRTH	List if person is being added or removed

Explain the situation:

\_\_\_\_\_

\_\_\_\_\_

*Report a loss of income.*

Name your previous source of income.	Address of previous employment.	Date previous employment ended.
<b>Will you be applying for or receiving unemployment? Yes No</b>		

Explain the situation:

\_\_\_\_\_

\_\_\_\_\_

*Report change of income*

Name your new or additional source of income.	Address of new or additional source of income.	Date new or additional income began.

Explain the situation:

\_\_\_\_\_

\_\_\_\_\_

*I, the undersigned, certify that the information reported on this form is true and correct. I understand that giving false, incomplete, and/or inaccurate information is punishable under Federal and State law and is grounds for termination from the Section 8 Rental Assistance Program.*

\_\_\_\_\_  
Signature of Head of Household or Other Adult

\_\_\_\_\_  
Date