

**INCOME UPDATE FAMILY CHANGE FORM
PROGRAM**

Are you an Applicant or Active Participant

The change is for the Shelton Housing Authority.

Head of Household: _____

Spouse or Other Adult: _____

Address: _____

Phone number(s): _____

E-mail Address: _____

FAMILY COMPOSITION

This section does not apply to me

Please Check One: Child Added: _____ Child Removed: _____ Adult Removed: _____

Request to add another adult – prior approval required: _____

Name: _____

EMPLOYMENT

Please complete this section even if the information has stayed the same.

Same Current job New job No longer employed

Participant's Name: _____

Name of Employer: _____

Address: _____

Phone #: _____

Rate of Pay: _____

Hours per week: _____

Tips: _____

Over Time: _____

Start date of employment: _____

End date of employment: _____

Same Current job New job No longer employed

Participant's Name: _____

Name of Employer: _____

Address: _____

Phone #: _____

Rate of Pay: _____

Hours per week: _____

Tips: _____

Over Time: _____

Start date of employment: _____

End date of employment: _____

Head of Household**Other Household Member(s)**

Please mark 0 or N/A if this does not apply to your family

| | | |
|--------------------|----------|----------|
| SS/SSI/SSDI | \$ _____ | \$ _____ |
| AABD | \$ _____ | \$ _____ |
| Pension/Retirement | \$ _____ | \$ _____ |
| VA Benefits | \$ _____ | \$ _____ |
| Unemployment | \$ _____ | \$ _____ |
| Workman's Comp | \$ _____ | \$ _____ |
| Child Support | \$ _____ | \$ _____ |
| Alimony | \$ _____ | \$ _____ |
| AFDC/TANF | \$ _____ | \$ _____ |
| Food Stamps | \$ _____ | \$ _____ |
| Energy Assistance | \$ _____ | \$ _____ |

OTHER SOURCES OF INCOME

Complete this section if you receive help with any of the following expenses

This section does not apply to me

| Expense | Amount | Source name, phone, address | Expense | Amount | Source name, phone, address |
|-------------------|---------------|---------------------------------------|--------------------------------|---------------|---------------------------------------|
| Rent | | | Car payment | | |
| Utility-gas | | | Car insurance | | |
| Utility-electric | | | Car gas | | |
| Utility-W/S/Trash | | | Grooming products | | |
| Cell Phone | | | Paper products | | |
| Phone | | | Clothing | | |
| Cable | | | Cigarettes/ tobacco | | |
| Internet | | | Entertainment | | |
| Credit cards | | | School activities/ supplies | | |
| Other | | | Other | | |

STUDENT STATUS

List all students 18 years of age or older

This section does not apply to me

| <u>School</u> | <u>Financial Aid Amount</u> |
|---------------|-----------------------------|
| _____ | _____ \$ _____ |
| _____ | _____ \$ _____ |
| _____ | _____ \$ _____ |

ASSETS

Head of Household

Other Household Member(s)

Please mark 0 or N/A if this does not apply to your family

| | | |
|------------------|----------|----------|
| Name of Bank | _____ | _____ |
| Checking | \$ _____ | \$ _____ |
| Savings | \$ _____ | \$ _____ |
| Trust Funds | \$ _____ | \$ _____ |
| Stocks or Bonds | \$ _____ | \$ _____ |
| Retirement Accts | \$ _____ | \$ _____ |
| CD's or Money | \$ _____ | \$ _____ |
| Market Accts | | |

DAY CARE PROVIDE

This section does not apply to me

Name of Provider: _____

Address: _____

Phone Number: _____

Out of Pocket expense: _____

Amount paid by DHHS or other person: _____

OUT OF POCKET MEDICAL EXPENSES FOR ELDERLY AND DISABLED

ONLY This section does not apply to me

Certified Statement: The information requested on this form is being collected in connection with regulations of the Shelton Housing Authority, Shelton, Nebraska authorized by the United States Department of Housing and Urban Development to determine an applicant's initial and continuing eligibility; apartment size; and the amount of contribution by the tenant(s). It will be used to provide the basis for managing the program(s), for protecting the United States Government and the Shelton Housing Authority's financial interest, and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies; when relevant, to civil, criminal, or regulatory investigators or prosecutors. Failure to provide any information may result in a delay, or rejection of eligibility approval, or subsequent determination that initially approved eligibility was erroneous. General authorization to request this information is based on the Authority granted by the United States Housing Act of 1937, as amended, 42U.S.C., 1437 et seq., the Housing and Community Development Amendments of 1981, P.L. 97-35. 85 Statute, 348,408.

Warning: Section 1001 of Title 18 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 or agency of the United States.

Applicant(s)/Tenant(s) Statement:

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that information provided with this Update Form as well as third party verifications will be used to make a rent adjustment.

Participant's Signature

Date

Participant's Signature

Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Shelton Housing Authority does not discriminate on the basis of handicap, race, color, religion, sex, familial status, national origin, or gender identity or sexual orientation; in the admission or access to, or treatment or employment in its federally assisted programs and activities.

_____ *Equal Opportunity Housing* _____

The services of a Spanish speaking interpreter are provided to all applicants and residents with no cost to the applicant or resident.

