



CENTRAL TEXAS HOUSING CONSORTIUM

INCOME/EMPLOYMENT CHANGES

Please read the statements below carefully and select the one that best fits your current circumstance. By signing this statement, you as the applicant/resident are certifying that your selection is true and correct.

I am no longer employed.

Employer: _____

Employer's Telephone Number: _____

Last Day of Work _____

I am now employed.

Employer: _____

Employer's Telephone Number: _____

First Day of Work _____

My number of hours have increased/decreased.

Employer: _____

Employer's Telephone Number: _____

Number of hours per week _____

My rate of pay has increased/decrease.

I am now receiving income from another source.

Child Support

Social Security Benefits

VA Benefits

TANF/AFDC (Food Stamps)

Contributions

Unemployment Insurance

Other _____

I understand that this income/employment change could alter my requirements under the Quality Housing Work Responsibility Act of 1998 and it could also change my monthly rent amount. I further understand that it is my responsibility to contact my Resident Services Coordinator and my Complex Manager for my new status resulting from this change.

Signature

Print Name

Address

Telephone Number

Date

Office Use Only:

Initials _____

Date Received _____

