

WINOOSKI HOUSING AUTHORITY
83 Barlow Street
Winooski, Vermont 05404

CHANGE IN INCOME/HOUSEHOLD COMPOSITION

You must report the following changes to the Housing Authority, **in writing**, within ten (10) calendar days of the change:

1. All changes that occur to your family income. This includes earned and unearned income and all assets. The Housing Authority will determine if your change will result in a change to your portion of the rent.

2. If you wish to add any person to your household, or if any person leaves your household. The Housing Authority **must** approve any additional family members (other than birth or adoption) before adding the person. If you are a Section 8 client you **must** obtain approval from both your landlord and the Housing Authority before adding a person to your household.

The ten day reporting requirement means that you must report the change within ten (10) calendar days from the effective date of the change, in writing. Changes will not be accepted over the telephone.

I/We do hereby declare that all of the information contained on this form is true and correct. I/We also understand that all changes in the income of any family member of the household, as well as changes in household members must be reported to WHA in writing.

PLEASE PRINT:

Name HOH: _____ Daytime Phone: _____

Head of Household Signature Date

Co-Head/Spouse Signature Date

To report a decrease in income you must provide the following:

Loss of employment: A copy of your last paycheck and any verification that shows your last day of employment. If you have been awarded Reach Up, or unemployment compensation please provide a copy of the award letter(s).

Household Member: _____

Previous Employer: _____

Address: _____ **Phone:** _____

For a decrease in Reach-up benefits, Child Support, Unemployment and Social Security: Please provide an award letter from the agency indicating the effective date of the change and the new benefit amount.

To report an increase in income please provide the following:

New employment: The name, address and phone number of someone at the organization who may be contacted to verify your employment and a copy of any check stubs that you have received.

Household Member: _____

Employer: _____ **Contact:** _____

Address: _____ **Phone:** _____

For a new award or receipt of Reach-up benefits, Child Support, Unemployment, Social Security, SSI, or any other unearned income, you must provide an award letter or other documentation showing the effective date of the benefit and the new benefit amount.

Additional Family Members

List family member you wish to add to your household:

Name: _____ **DOB:** _____

Relationship to HOH: _____ **Social Security Number:** _____

List family member you wish to remove from your household:

Name: _____

New Address: _____



EQUAL HOUSING
OPPORTUNITY