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This Agency is an equal opportunity provider and employer. 

CHANGE IN INCOME OR EMPLOYMENT FORM

The U.S Department of Housing and Urban Development (HUD) places a high priority on the prevention of fraud. Providing false or incomplete information will result in all applicable penalties being applied.

All changes must be reported in writing within TEN (10) days of the date of the change. Complete the following section(s), which apply to the change(s). I understand that any changes reported after the 22nd of the current month may not be processed in time to take effect for the following month.

My signature below is my consent for the Huron Housing and Redevelopment Authority to contact any agencies, organizations, offices, or individuals necessary to verify any information needed for my participation in the housing assistance program.

Name: _____ Today's Date: _____

Address: _____ Phone Number: _____

Type of Change: _____
(new job, loss of job, increase/decrease in hours worked, increase/decrease in wage, increase/decrease in social security or other benefit, increase/decrease in child support)

Effective Date: _____

Name of Source/Employer: _____

Address: _____ Phone: _____

Benefit Change? Yes _____ No _____ Old Benefit \$ _____ New Benefit \$ _____

Wage Change? Yes _____ No _____ Old Wage \$ _____ New Wage \$ _____

Hour Change? Yes _____ No _____ Old # Hours _____ New # Hours _____

Signature

Date

Any adjustments in the amount of rent you pay to your landlord will be determined in accordance with our policies and procedures. If any change is determined, you will be notified on or before the effective date of the change.

Thank you for your cooperation in reporting this information to us.