



Norman Housing Authority

700 N. Berry Road

Norman, Oklahoma 73069

Phone (405) 329-0933

Fax (405) 573-0345

CHANGE OF INCOME NOTIFICATION

Please complete this form to report a change in income. Check all boxes that apply and complete the appropriate sections and/or provide listed verification.

Name: _____

(Print Name of Head of Household)

Name of Family Member that has the Change of Income: _____

(If different from HOH)

This is to report a

- End of Employment:** *Complete Section A (IF YOU ARE NOW CLAIMING ZERO INCOME, YOU'LL BE REQUIRED TO COMPLETE A FAMILY LIVING EXPENSE FORM BY THE 15TH OF EVERY MONTH)*
- Start of Employment:** *Complete Section B*
- Change in rate of pay:** *Complete Section C*
- Change in number of hours worked:** *Complete Section C*
- Change in Self-Employment Income:** *Attach letter or Statement showing change.*
- Start or End of Unemployment:** *Attach last statement received. Explain on Other below.*
- Start or End of Workman's Comp:** *Attach last statement received. Explain on Other below.*
- Increase or Decrease in TANF:** *Complete Section D*
- Increase or Decrease in Child Support:** *Complete Section E*
- Increase or Decrease in Social Security or Supplemental Security Income:** *Attach benefit letter.*
- Change in VA Pension, Retirement or Investment Income:** *Attach letter or Statement showing change.*
- Other change of income:** *Please Explain:* _____

You may be contacted for additional information; if needed

To complete sections A, B, and C: You **MUST** provide the **correct** name of your employer and the **complete and correct** mailing address where employment verifications should be sent. **Do not use address from phone book** as you will need to ask your employer for the complete mailing address where employment inquiries should be sent. **Failure to provide the correct and complete mailing address as requested is a violation of your Family Obligations and could result in termination of your Public Housing assistance.**

IF YOU HAVE NO INCOME – YOU ALSO NEED TO COMPLETE A FAMILY LIVING EXPENSE FORM.

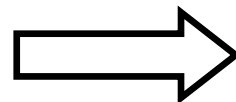
- **Warning!** Title 18, Section 1001 of the United States Code, states that a person is guilty of a Felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.

I hereby authorize the release of any information to the Norman Housing Authority needed to verify the above reported change in income.

Signature: _____

Date: _____

COMPLETE CORRECT SECTION ON BACK



Section A Please Print

Employer's Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Fax: _____
Last Day Worked: _____

- **Effective Date**
If reported by the 22nd of the month, the change will be entered for the following month.
- Verification from employer overrides the information provided; if different.

Section B Please Print

Employer's Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Fax: _____
First Day Worked: _____ Pay Rate: \$ _____
How often received? (circle one) Yearly Monthly Weekly Bi-Weekly
If hourly, average number of hours worked per week: _____

- **Attach copies of paycheck stubs if any have been received.**
- **Effective Date**
This change will take effect on the first of the month following 30-days from the date received.
- Verification from employer overrides the information provided; if different.

Section C Please Print

Employer's Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Fax: _____
New Rate Pay: \$ _____ New Hours/Week: _____

- **Attach copies of paycheck stubs that show the changes being reported.**
- Decreases take effect as in Section A.
- Increases take effect as in Section B.
- Verification from employer overrides the information provided; if different.

Section D Please Print

New TANF Amount \$ _____
• If TANF case was closed due to unfulfilled obligations, we are required to continue counting the last TANF reported as income.

Section E Please Print

New Child Support Amount \$ _____
How often received? (circle one) Monthly Weekly

- If not received from the local Child Support Enforcement office, please write the correct and complete mailing address in Section A.