



NOTIFICATION OF CHANGE OF INCOME OR FAMILY COMPOSITION FORM

This form must be submitted to the Orange Housing Authority.

All household changes must be reported to the Orange Housing Authority (OHA) **within ten (10) calendar days** of the effective date of the change. This includes all INCOME. All changes MUST be submitted in writing. Verbal notice of changes (i.e., phone calls) are not accepted.

Applicant/Participant Name: _____

Email: _____ Case Worker: _____

Unit Address: _____

Phone #: _____ SSN: _____

Name of household member the change is for (if not HOH): _____

Check the following that apply:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> New Job | <input type="checkbox"/> SS/SSI Benefits | <input type="checkbox"/> Gifts/ Contributions | <input type="checkbox"/> Add Member |
| <input type="checkbox"/> No Longer Working | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Remove Member |
| <input type="checkbox"/> Decrease in Hours | <input type="checkbox"/> Child support | <input type="checkbox"/> Pensions, Annuity, VA Benefits | <input type="checkbox"/> Name Change |
| <input type="checkbox"/> Increase in Hour/Pay | <input type="checkbox"/> SNAP/TANF | <input type="checkbox"/> Childcare Expenses | <input type="checkbox"/> Student Status |

Effective Date of Change: _____

Source of Income: _____

Place of Employment: _____

of Hours Currently Working: _____

Salary Rate: _____/Hour

Employment Contact Person: _____ Employment Phone #: _____

Employment Address: _____

IMPORTANT NOTICE: Please note that your income change **cannot be processed without supporting documentation**. If you are reporting an increase/decrease in income, you must submit four (4) consecutive check stubs and/or an Employment Verification Form must be submitted on your behalf from your employer directly to OHA. If you are reporting a loss of employment, you must attach a copy of your termination of employment notice or an Employment Verification Form must be submitted on your behalf from the former employer to OHA.

Additional Information: _____

Have you submitted/attached the required supporting documentation for this reported change?

☐ Yes ☐ No

HEAD OF HOUSEHOLD CERTIFICATION

I certify that the information given to Orange Housing Authority regarding my income, household members, and deductions is accurate and complete to the best of my knowledge and belief.

Head of Household Signature

Date

516 Burton Ave. * Orange, TX 77630

* (409) 883-5882 * (409) 883-8014 fax * www.orangeha.com

A FAIR HOUSING AND EQUAL EMPLOYMENT OPPORTUNITY AGENCY

The Housing Authority offers accommodations for persons accessing its facilities, as required by the Americans with Disabilities Act. If you require special accommodations, please contact the Housing Authority office for assistance. Hearing impaired may contact Relay Texas at [1-800-735-2989](tel:1-800-735-2989) or 7-1-1