



HOUSTON
HOUSING AUTHORITY

Transforming Lives & Communities

2640 Fountain View Drive Houston, Texas 77057 | 713.260.0600 P | 713.260.0547 TTY | www.housingforhouston.com

Housing Choice Voucher Program
DECLARATION OF INTERIM CHANGE IN INCOME

Name: _____ Social Security #: _____
Address: _____ Phone #: _____
City, State: _____

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 are now receiving regular contributions from someone, you are required to complete a contribution form. If you have been awarded food stamps, TANF, or unemployment compensation please provide a copy of the award letter(s).

For a decrease in TANF 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. If you have stopped receiving TANF, please provide documentation why you are no longer on the program.

Previous Employer:		Last Date of Employment:	
Contact Person:		Address:	
Phone #:		City, Street:	
Fax #:		Zip Code:	

To report an increase in income please provide the following:

New employment: The 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.

For a new award or receipt of TANF 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.

New Employer:		First Date of Employment:	
Contact Person:		Address:	
Phone #:		City, Street:	
Fax #:		Zip Code:	

Additional comments: _____

Signature of participant: _____ **Date:** _____