

**REPORTING CHANGES IN INCOME AND/OR FAMILY COMPOSITION**

<b>Name:</b> Are you the head of household:    Yes    or    No		Today's Date:		Social Security Number:	
Address:		Phone Number:		Cell:	
<b>CHANGE IN INCOME: (pick one)</b>					
{ } Increase in Income			{ } Decrease in Income		
<b>Describe change and any pending changes:</b> Please list for which household members: Names and Social Security Numbers of Household Members:					
Current Employer:  Do you have more than one employer?	Address/Phone:	Start Date:	Hourly Rate:	Hrs. Per Week	
Previous Employer:	Address/Phone:	Term. Date:	Hourly Rate:	Hrs. Per Week	
Social Security Amounts: Who:	KTAP/TANF Amounts:  Food stamp Amount:		Pension/VA Amounts:		
SSI Amounts:  Blacklung/Widows pension:	Child Support Amount: What County:		Other:		
Unemployment Amount (Bi/weekly)	Money from friends/family:  Bills paid by friends/family:		Child Care Amount Weekly: (Unreimbursed out of pocket expense)		
<b>CHANGE IN FAMILY COMPOSITION</b>					
{ } Add person(s) to Household			{ } Remove Person(s) from Household		
<u>Add Person(s) to Household:</u>  <u>Provide Name of Person and Person's Relationship to Head of Household)</u>  <u>Report ANY and ALL income from this person Above</u>		1. _____ (Name of person)                      Social Security Number      Date of Birth                      Relationship to Head of Household			
		2. _____ (Name of person)                      Social Security Number      Date of Birth                      Relationship to Head of Household			
		_____ Previous Address		_____ When did/will they begin living with you	
<u>Remove Person(s) from Household:</u>  <u>Provide Name of Person and person's relationship to Head of Household</u>  <u>Report ANY and ALL income from this person above</u>		1. _____ (Name of Person)                      Social Security Number                      Relationship to Head of Household			
		2. _____ (Name of Person)                      Social Security Number                      Relationship to Head of Household			
		_____ Their New Address		_____ When did/Will they leave your home	
What Verifications did you bring in with you today?					

**WARNING:** Section 101 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

**Tenant:** (I certify this is my signature and all the information I have written is true and correct to the best of my knowledge)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Housing Authority of Covington Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**CERTIFICATIONS:**

I certify that the above information is a complete and true statement of family composition, income, employment, and assets to the best of my knowledge and belief. I know I am required to cooperate by supplying all information needed to determine my eligibility, level of benefits or verify my true circumstances. I have no objections to inquire being made for the purpose of verification. I know I am required to report within 15 days, in writing, all changes in income and any changes in household size when a person moves in and out of the unit. I understand the rules regarding guests and visitors and when I must report anyone staying with me. I certify the apartment will be my principal residence and that I will not obtain duplicate Federal Housing assistance while I am in this current program. I will not sublease my assisted residence. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information are grounds for termination of housing or termination of tenancy.

