Notification of Change in Income or Family Composition - Participants Head of Household's Name: Head of Household's Address: Head of Household's Home Number and Cell Phone Number: Head of Household's Email Address: Please check all that apply. If documentation is not attached your request will not be accepted: I am reporting a change in hours worked (attach check stubs or a letter from your employer.) Current Employer: I am reporting termination of employment (attach a letter from your employer on company letterhead of your termination.) Last place of employment: _____ Last day worked: _____ I am reporting new employment (attach a letter from your employer on company letterhead with your start date, hourly wage, and the number of hours you work per week.) Name of Employer: ______ Start date: _____ I am now receiving child support / family support (attach a printout of the last 12 months of child support and/or the name and address of the person providing the family support.) I am now receiving unemployment benefits. I am now receiving TANF benefits. I am now receiving income from the Social Security Administration (attach an award letter with the monthly amount you receive dated within the last 30 days.) I am reporting a change in "other" income not listed: (please explain) I am requesting to add or remove the following person(s): I am an FSS participant. If the request requires my portion of the contract rent to increase, I wish the increase to be reflected after completion of the pay change giving me a 30-day notice of the increase. *Please allow 4-6 weeks for processing. Any correspondence regarding your income change request will be done via e-mail or mail. In cases of any income decreases: If there is a tenant delay in processing the income change, there will be NO retroactive payments made to your landlord.* Head of Household's Signature: ______ Date: _____

Reviewed by: