

SECTION THREE: DECREASE IN INCOME

1. Name of person who's income reduced or stopped: _____
2. What income has been reduced or stopped? (Please circle)
Wages Unemployment SSA SSI Child Support Other (Please list) _____
3. Has this income been reduced or has it stopped? Circle **Reduced Stopped**
4. If a job has stopped or hours have been reduced, give name of employer: _____
5. If this decrease is temporary, what is the date the income will start again? _____
6. **Attach current proof of income. Acceptable proof of income includes paystubs, benefit/award letters, statements and agency print-outs.**

SECTION FOUR: INCREASE IN INCOME [SECTION 8 PARTICIPANTS]

1. Name of person who's income has increased: _____
2. What income has increased? (Please circle)
Wages Unemployment SSA SSI Child Support Other (Please list) _____
3. When did the earned income start or increase? _____
4. Name of Employer (if applicable): _____
Address: _____
Phone Number: _____ Fax Number: _____
5. **Attach current proof of income. Acceptable proof of income includes paystubs, benefit/award letters, statements and agency print-outs.**

SECTION FIVE: EXPENSES

1. If your childcare costs have increased and you are employed or attending school, attach a notarized statement from your day care provider stating the amount of weekly payments made for your child(ren) during the school year and during the summer. This statement must include the provider's name, address, telephone number and tax ID number or social security number.
2. If you and/or your spouse are at least 62 years old or disabled or handicapped and you have medical expenses which were not reported at your recertification, attach the following documents:
 - Receipts for payment you made for medical services, or medical insurance premiums that you were not reimbursed for by another source.
 - Receipts or computer printouts for prescriptions you paid for during the last twelve (12) months.
 - Verification of non-prescription medical expenses.

SECTION SIX: FULL TIME STUDENT

1. Is anyone in your household a full-time student 18 years old or older? Circle **Yes No**
2. Name of Student: _____
3. Name & Address of School: _____
4. Number of credit hours this semester: _____
5. Date enrolled: _____
6. Attach written verification from the registrar's office or another school official OR attach school records indicating enrollment for sufficient number of credits to be considered a full-time student by the educational institution.

By Signing this Form:

1. **I consent to allow the HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.**
2. **I certify that the statements above are true and complete to the best of my knowledge understand that false statements or information are punishable under Federal Law.**

Signature of Head of Household

Date