



**Housing Choice
Voucher Program**

Address 420 West Chase Street
Pensacola, FL
Mailing Address P.O. Box 12910
Pensacola, FL 32521
Telephone 850.858.0350
Fax 850.595.0113
TDD 850.595.0102
Website www.cityofpensacola.com/housing

Change of Income or Household Conditions

Head of household name (Last, First)

Head of household Social Security number (last 4)

Address

Primary Phone Number

Instructions: complete only the sections that are necessary to tell us how your household income or conditions have changed. Provide a response for all items in the applicable section and attached additional pages if necessary.

What type of change?

- I am reporting an increase in household income I would like to remove a household member
 I am reporting a decrease in household income Other: _____

Employment *Attach paystubs or a letter from your employer*

Change in pay or new employment	Employment ended
Household member _____	Household member _____
Employer name _____	Employer name _____
Employer phone _____	Employer phone _____
Employer fax _____	Employer fax _____
Employer address _____	Employer address _____
Effective date of the change _____	Stop date _____
Hourly pay rate \$ _____ Hours per week _____	<input type="checkbox"/> Attach confirmation from the employer of your last day worked

Other income *Check all applicable boxes, write in details, and attach statements*

<input type="checkbox"/> Child Support	<input type="checkbox"/> Pension or annuity	<input type="checkbox"/> Trust or retirement disbursements
<input type="checkbox"/> V.A. Benefits	<input type="checkbox"/> Gift or contributions	<input type="checkbox"/> TANF
<input type="checkbox"/> Social Security or SSI	<input type="checkbox"/> Unemployment benefits	<input type="checkbox"/> Other: _____
Household member _____	Household member _____	
Describe change _____	Describe change _____	
Amount \$ _____ Per <input type="checkbox"/> Week <input type="checkbox"/> Month	Amount \$ _____ Per <input type="checkbox"/> Week <input type="checkbox"/> Month	
Start date _____ Stop date _____	Start date _____ Stop date _____	

No income *Complete this section if an adult in the household does not have any income or receive any contributions*

Household member with no income/contributions _____	Start date _____
Describe income change _____	

Child care expense *Attach a statement from the provider that includes any subsidies and/or co-pays*

Date of change _____ Your portion of the payment \$ _____ Per Week Month
Provider name _____ Provider phone _____
Provider address _____

Student Status (adults) *Attach verification of enrollment status and financial aid*

Household member _____ Start date _____ Stop date _____
Tuition cost \$ _____ Per Quarter Semester Financial aid \$ _____

Household composition *See instructions below for appropriate attachments*

Complete a Request to Add a Household Member form if you want to add someone to your household.

Removing a member from the household

Household member _____ Move out date _____

Attachments: Verification of the household member's new address, such as a lease or a utility bill showing the name and address
 Written verification from your landlord acknowledging the person is no longer in your household

Name change

Old name _____ New name _____

Attachments: Copy of name change court order
 Social Security card showing new name

Other change *if no other section applies, use this space to explain your household's income/circumstances*

Household member _____ Date of change _____
Describe change _____

Important: Pensacola Housing must receive your written notice of your income and/or household condition change within 10 business days of the change. If this form is not completely filled out and/or supporting documentation is not attached, the review may be delayed. If changes are reported late (more than 10 business days after the change) or not at all, you could owe Pensacola Housing and you may risk losing your housing subsidy.

I, (print head of household's name) _____, hereby authorize Pensacola Housing Office to verify the information provided by me on this form. I understand that if this form is not completely filled out and/or supporting documentation is not attached, the review may be cancelled. I understand that such verification may include contacting any appropriate employer, governmental agencies, or individuals identified on this form.

Head of household's signature _____ Date _____