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### Change of Income/Household Report Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### Change of Household (if any)

Name of Household Member being added or removed	Social Security Number	Date of Birth	List if person is being added or removed

Explain the situation; include if person added or removed had income:

#### Loss of Income/Decrease in Income (if any)

Name your previous source of income	Address of previous employment	Date previous employment ended

Will you be applying for or receiving unemployment? Yes No

Explain the reason for the increase or change in income:

#### Increase in Income/Change of Income (if any)

Name your new or additional source of income	Address of new or additional source of income	Date new or additional income began

Explain the reason for the increase or change in income:

I, the undersigned, certify that the information reported on this form is true and correct. I understand that giving false, incomplete, and/or inaccurate information is punishable under Federal and State law and is grounds for termination from the Section 8 Housing Choice Voucher Program and the 48 Project.

\_\_\_\_\_  
 Signature of Head of Household or Other Adult

\_\_\_\_\_  
 Date