



CENTRAL TEXAS HOUSING CONSORTIUM

INCOME/EMPLOYMENT CHANGES

Please read the statements below carefully and select the one that best fits your current circumstance. By signing this statement, you as the applicant/resident are certifying that your selection is true and correct.

____ I am no longer employed.

Employer: _____
Employer's Telephone Number: _____
Last Day of Work _____

____ I am now employed.

Employer: _____
Employer's Telephone Number: _____
First Day of Work _____

____ My number of hours have increased decreased.

Employer: _____
Employer's Telephone Number: _____
Number of hours per week _____

____ My rate of pay has increased decrease.

____ I am now receiving income from another source.

- Child Support
- Social Security Benefits
- VA Benefits
- TANF/AFDC (Food Stamps)
- Contributions
- Unemployment Insurance
- Other _____

I understand that this income/employment change could alter my requirements under the Quality Housing Work Responsibility Act of 1998 and it could also change my monthly rent amount. I further understand that it is my responsibility to contact my Resident Services Coordinator and my Complex Manager for my new status resulting from this change.

Signature

Print Name

Telephone Number

Address

Date