



Housing Authority

Housing Assistance Change/Report Request Form

Head of Household: _____ Date: ____/____/____

Social Security Number: _____ Phone number: _____

Section 1: Addition of Income. Includes fields for Member Name, Place of Employment, Employer Address, Phone Number, Date Employment Started, Hourly Pay Rate, Hours per Week Worked, Fax Number, and Email Address. Includes a table for Non-Earned Income with categories: TANF/AFDC, SS, SSI, Child Support, Pension, Contributions, Unemployment, Other.

Section 2: Loss of Income. Includes fields for Member Name, Place of Employment, Last Day of Work, Date of Last Payment, Amount, Reason Employment Stopped, Fax Number, and Email Address. Includes a table for Non-Earned Income with categories: TANF/AFDC, SS, SSI, Child Support, Pension, Contributions, Unemployment, Other.

Section 3: Request to Add/Remove Household Member(s). Includes a paragraph about documentation requirements and fields for Member Name, DOB, Sex, Relation to Head, SSN, Citizenship Status, Does this person have income?, Place of Employment, Employer's Address, Phone Number, Date Employment Started, Hourly Pay Rate, Hours per Week Worked, and a table for Income categories.

Section 4: Child Care Changes. Includes fields for Name of Child(ren), Age(s) of Child(ren), Name of Child Care provider, Address, Phone Number of Child Care Provider, #of Hours, and Rate.

Housing Specialist: _____

Mailing Address
P.O. Box 8181
Hillsborough, NC 27278

Main Office
300 W. Tryon Street
Hillsborough, NC 27278

Satellite Office
2501 Homestead Road
Chapel Hill, NC 27516

