

Rochester Housing Authority

Holly Beauchesne ~ Property Manager

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CHANGE OF INCOME FORM

YOU MUST REPORT ANY CHANGE OF INCOME WITHIN TEN *(10)* BUSINESS DAYS OF THE CHANGE. YOU MUST ALSO INCLUDE SUPPORTING DOCUMENTATION.

*Head of Household: _____

*Family member with change: _____

*Address: _____

**** (Mandatory) **** Phone #: _____

*Social Security #: _____

EMPLOYMENT:

*Employers Full Name: _____

*Employers Full Address: _____

*Employers Phone #: _____ Employers Fax #: _____

Change in Hours: (Please Explain) _____

*Date Hired: _____ *Date Fired/Quit: _____ *Rate of Pay: \$ _____

Scheduled Hours: _____ *Contact Person: _____

PROVIDE A MINIMUM OF 3 CURRENT CHECK STUBS WITH THIS FORM.

OTHER TYPES OF CHANGES:

Type:	Date of Change:	Weekly, Bi-Weekly or Monthly:	Old Amount:	New Amount:
TANF				
Child Support				
SS, SSI or SSDI				
Pension, Retirement				
Other				

*Head of Household Signature: _____ Date: _____

*Signature of Household Member w/ change: _____ Date: _____