

Somersworth Housing Authority

Central Office: 25 Bartlett Ave Suite A, P.O. Box 31, Somersworth, N.H. 03878
 Phone (603) 692-2864 Fax (603) 692-2877 TDD (800) 545-1833 Ext 113

Change in Income and/or Expense Form

Head of Household: _____

Family Member with Change: _____

Phone Number: _____ SS#: _____

Employment

Check off which applies:

New Employment Termination of Employment Change in hours/rate of pay

Employers' Full Name: _____ Phone #: _____

Employers' Full Address: _____ Fax #: _____

Contact Person: _____ Date Hired: _____

Rate of Pay: _____ Scheduled Hours: _____ Last Date of Work: _____

What are the changes in employment? : _____

Other Changes

Type of change	Date of change	Weekly/ Monthly	New Amount	Old Amount
TANF (or State Cash of Any Kind)				
Are you sanctioned? <input type="checkbox"/> YES or <input type="checkbox"/> NO				
Child Support				
Where does child support come from (Name & Address)				
Social Security				
Unemployment				
Which State Agency?				
Workmen's Compensation				

Type of change	Date of change	Weekly/ Monthly	New Amount	Old Amount
Company WC comes from (Name & Address)				
Pension				
Company pension comes from (Name & Address)				
Self Employment				
Other Income				
Type:				

Expenses

Child Care:

Name of Agency: _____

Address of Agency: _____

Who Attends Agency: _____

Amount paid: \$ _____ Frequency: (Circle one) Weekly Monthly

Medical Expenses:

Type of Expense: _____ Amount: \$ _____

Whose Expense is it? _____

PLEASE PROVIDE STATEMENT

Signature of Head of Household

Date

Signature of Member with Change

Date

WARNING:

All income changes *must* be reported within 10 days of the change.