

# Housing Authority of the City Heber Springs

400 E. Spring St. P.O. Box 900 Heber Springs, AR 72543 | Phone: 501.362.6108 | Fax: 501.362.7818 | [www.hspha.com](http://www.hspha.com)

## Change of Income or Family Composition

Head of Household Name (Last Name, First Name)

Head of Household SSN

Street Address

Primary Phone Number

Primary E-Mail Address

**Instructions:** Complete only the sections that are necessary to tell us how your household income or conditions have changed. Provide a response for all items in the applicable section and attach additional pages if necessary.

**What type of Change:**

- I am reporting an increase in household income  
 I am reporting a decrease in household income

- I would like to remove a household member  
 Other: \_\_\_\_\_

EMPLOYMENT – <i>Attach paystubs or a letter from employer</i>	
Change in pay or new employment	Employment ended
Household Member Name:	Household Member Name:
Employer Name:	Employer Name:
Employer Phone Number:	Employer Phone Number:
Employer Address:	Employer Address:
Effective date of change:	End Date:
Hourly pay rate \$                      Hours per week	<input type="checkbox"/> Attach confirmation from employer of your last day worked

OTHER INCOME - <i>Check all applicable boxes, write in details and attach statements</i>		
<input type="checkbox"/> Child Support	<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Pension or annuity
<input type="checkbox"/> DHR/TANF	<input type="checkbox"/> Social Security or SSI	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Gifts or Contributions	<input type="checkbox"/> V.A. Benefits	
Household Member Name:	Household Member Name:	
Describe Change:	Describe Change:	
Amount \$                      Per <input type="checkbox"/> Week <input type="checkbox"/> Month	Amount \$                      Per <input type="checkbox"/> Week <input type="checkbox"/> Month	
Start Date:                      End Date:	Start Date:                      End Date:	

No Income – <i>Complete this section if an adult in the household does not have any income or receive any contributions</i>	
Household Member Name:	Start Date:
Describe Income Change:	

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<b>Child Care Expenses – Attach a statement from the provider that includes any subsidies and/or co-pays</b>	
Date of Change:	Household Member Name:
Provider Name :	Provider Phone Number:
Provider Address:	Portion Paid: Per <input type="checkbox"/> Week <input type="checkbox"/> Month

<b>Student Status (adults) – Attach verification of enrollment status and financial aid</b>	
Household Member Name:	Start Date:
Provider Name :	Provider Phone Number:
Provider Address:	Portion Paid: Per <input type="checkbox"/> Week <input type="checkbox"/> Month

<b>Household Composition See instructions below for appropriate attachments</b>	
<input type="checkbox"/> Complete a Request to Add a Household Member form if you want to add someone to your household.	
<input type="checkbox"/> Removing a member from the household	
Household Member _____	Move out Date _____
Attachments: <input type="checkbox"/> Verification of the household member’s new address, such as lease, or a utility bill showing the name and address	
<input type="checkbox"/> Written verification from your landlord acknowledging the person is no longer in your household	
<input type="checkbox"/> Name Change	
Old name _____	New Name _____
Attachments: <input type="checkbox"/> Copy of name change court order	
<input type="checkbox"/> Social Security number verification with the new name	

<b>Other Change If no other section applies, use this space to explain your household’s income/circumstances</b>	
Household member _____	Date of change _____
Describe change _____	

**Important:** Housing Authority of the City of Heber Springs must receive your written notice of your income and/or household conditions change within 10 days of the change. If this form is not completely filled out and/or supporting documentation is not attached, the review may be delayed. If changes are reported late (more than 10 days of change) or not at all, you may be subject to owing HSHA money and may risk losing your housing subsidy. When reporting a decrease in income, decrease must be expected to last at least 30 days.

I certify that the change(s) in my household income, composition and/or expenses reported on this form is/are true and complete; and request the appropriate adjustment to my portion of rent.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date