



**Address** 533 S. Dixie Highway  
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 Deerfield Beach, FL 33441  
**Telephone** 954-428-0678  
**FAX** 954-426-8665  
**TDD** 1-800-955-8771  
**Website** www.dbhaonline.org

## Changes to Income, Expenses, and/or Household Size

<b>Head of Household Name (Last, First)</b>	<b>Head of Household Social Security Number (last 4 digits)</b>
<b>Address</b>	<b>Primary Phone Number</b>

**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: \_\_\_\_\_

<b>Employment</b> <i>Attach four paystubs or a letter from the employer</i>	
Change in Pay OR New Employment	Employment Ended
Household Member _____	Household Member _____
Employer Name _____	Employer Name _____
Employer Phone _____	Employer Phone _____
Employer Fax _____	Employer Fax _____
Employer Address _____	Employer Address _____
Effective Date of the Change _____	Stop Date _____
Hourly Pay Rate _____ Hours Per Week _____	
Bonus/Tips/Commission\$ _____	<input type="checkbox"/> Attach confirmation from the employer of your last day worked

<b>Other income</b> <i>Check all applicable boxes, write in details, and attach statements</i>	
<input type="checkbox"/> Child Support <input type="checkbox"/> V.A. Benefits <input type="checkbox"/> Social Security or SSI	<input type="checkbox"/> Pension or annuity <input type="checkbox"/> Gifts or Contributions <input type="checkbox"/> Unemployment Benefits
<input type="checkbox"/> Trust or Retirement Disbursements <input type="checkbox"/> DCF (TANF/SNAP) <input type="checkbox"/> Relative Caregiver or Caretaker Benefits <input type="checkbox"/> Other: _____	
Household Member _____	Household Member _____
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 _____ Stop Date _____	Start Date _____ Stop Date _____

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**No income** Complete this section if an adult in the household does not have any income or receive any contributions

Household member with no income/contributions \_\_\_\_\_ Start date \_\_\_\_\_

Describe income change \_\_\_\_\_

**Child care expense** Attach a statement from the provider that includes any subsidies and/or co-pays

Date of change \_\_\_\_\_ Your portion of the payment \$ \_\_\_\_\_ Per ☐ Week ☐ Month

Provider name \_\_\_\_\_ Provider phone \_\_\_\_\_

Provider Address \_\_\_\_\_

**Student status (adults)** Attach verification of enrollment status and financial aid (including work study)

Household member \_\_\_\_\_ Start date \_\_\_\_\_ Stop date \_\_\_\_\_

Tuition cost \$ \_\_\_\_\_ Per ☐ Quarter ☐ Semester Financial aid \$ \_\_\_\_\_ Per ☐ Quarter ☐ Semester

Work study \$ \_\_\_\_\_ Per ☐ Quarter ☐ Semester

**Household Composition** See instructions below for appropriate attachments

☐ Complete a Request to Add a Household Member form if you want to add someone to your household.

☐ Removing a member from the household

Household member \_\_\_\_\_ Move out date \_\_\_\_\_

- Attachments: ☐ Verification of the household member's new address, such as a lease or a utility bill showing the name and address  
☐ Written verification from your landlord acknowledging the person is no longer in your household

☐ Name change

Old name \_\_\_\_\_ New name \_\_\_\_\_

- Attachments: ☐ Copy of name change court order  
☐ Social Security number verification with the new name

**Other change** If no other section applies, use this space to explain your household's income/circumstances (including medical expenses)

Household member \_\_\_\_\_ Date of change \_\_\_\_\_

Describe change \_\_\_\_\_

**Important:** Deerfield Beach Housing must receive your written notice of your income and/or household conditions change within 10 business 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 business days after the change) or not at all, you could owe Deerfield Beach Housing money and you may also be at risk of losing your housing subsidy.

I, (print head of household's name) \_\_\_\_\_, hereby authorize the Deerfield Beach Housing Authority to verify the information provided by me on this form. I understand that if this form is not completely filled out and/or supporting documentation is not attached, the review may be cancelled. I understand that such verification may include contacting any appropriate employers, governmental agencies, or individuals identified on this form.

Head of Household's Signature \_\_\_\_\_ Date \_\_\_\_\_



Upon request, Deerfield Beach Housing Authority will provide reasonable accommodations to people with disabilities so they can participate in our programs.