



Jacksonville Housing Authority

1015 College Avenue Jacksonville, TX 75766 * PHONE: (903) 586-7585 * FAX: (903) 586-7554 * E-Mail: Intake@JHATX.org

REPORTING HOUSEHOLD INCOME AND/OR CHANGES

(You must complete both sides of this form – front and back)

ALL household changes must be reported to the Jacksonville Housing Authority **within ten (10) calendar days of the date the change occurs.** Changes may only be submitted by completing the required **Change Reporting Form.** The JHA will **NOT ACCEPT ANY** type of change information by phone, email, fax or any other method.

If changes are not submitted AND verified by the 20th day of the current month, they WILL NOT take effect on the 1st of the following month (Ex: A change reported on Jan. 21st would not take effect on Feb. 1st but would become effective on March 1st)** **NO EXCEPTIONS****

What must be reported:

1. **ALL** changes in FAMILY COMPOSITION (including and limited to):
 - a. Births
 - b. Marriages
 - c. Deaths
 - d. Family members (regardless of age) moving in or moving out of the residence
(Housing Management must approve new additions to the household **BEFORE** they move in.)
2. **ALL** increases, decreases and/or **ANY** changes in household income
3. **ALL** “lump sum” payments and/or additions to family income, such as delayed eligibility for Social Security benefits.
4. **ALL** assets (including, but not limited to):
 - a. Checking accounts
 - b. Savings accounts
 - c. Ownership of house &/or land
 - d. Credit Union shares
 - e. Certificates of Deposit
 - f. Cash on hand

Failure to report household changes is fraudulent and could result in the requirement to repay any additional charges owed and termination from any HUD/Housing Authority programs.

I HAVE READ AND UNDERSTOOD THE ABOVE GUIDELINES.

Signature of Head of Household

Date

Signature of other adult family member

Date

Signature of other adult family member

Date

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CHANGE REPORTING FORM

(You must complete both sides of this form – front and back)

PRINT Head of Household Name: _____ Voucher Holder Waiting List Applicant

Date: ____/____/____ Social Security #: _____ - _____ - _____

Mailing address / Unit #: _____ **Is this a new address???** Yes No

City, State & Zip _____

E-Mail Address: _____

Phone Number: () _____ - _____

INCOME CHANGE: Employment: Started Stopped Changed Is this a new job? YES NO

Name of Household Member with an Income Change: _____

New Employer: _____ Start Date: ____/____/____ End Date: ____/____/____

Previous Employer: _____ Start Date: ____/____/____ End Date: ____/____/____

On Temp. Leave of Absence (maternity leave, illness, etc.): Start Date: ____/____/____ End Date: ____/____/____

I get paid: Weekly Bi-weekly (every other week) Semi-monthly (twice a month) Monthly

Rate per hour is: \$ _____ Number of hours per week: _____ Number of hours per month: _____

Amount of pay each pay period is: \$ _____ Amount of pay per month is: \$ _____

Are You or WILL YOU BE receiving Unemployment? YES NO Start Date: ____/____/____

Amount \$: _____ weekly/bi-weekly/monthly/semi-monthly (circle one)

Child Support: Started Stopped Changed Date of Change: ____/____/____ Monthly Amount: \$ _____

Disability/SS/SSI: Started Stopped Changed Date of Change: ____/____/____ Monthly Amount: \$ _____

List anyone new you are requesting to ADD as a family member to your application or your lease:

Name	Social Security #	Gender	DOB	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List anyone you are requesting to REMOVE from your application or your existing lease:

Name	Social Security #	Gender	DOB	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please describe any other change not listed above: _____

_____ / _____ / _____

Signature of Client Reporting Change

Date Reported

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