

**PENDER COUNTY HOUSING DEPARTMENT
INTERIM EMPLOYMENT/INCOME CHANGE REPORTING FORM**

Name _____

Contact Telephone Number _____

**** IT IS YOUR RESPONSIBILITY TO FULLY REPORT ALL HOUSEHOLD INCOME, EXPENSES AND OCCUPANTS IN WRITING**
All changes must be verified. Changes reported after the 20th of the month may not be effective immediately. Changes within 60 days of your annual e-certification date may not be effective until your annual re-certification date.**

What is the Change you are reporting today? *(CHECK ALL THAT APPLY)* **INCOME CHANGE** **CHANGE AT JOB**
 LOST JOB (complete employment listing form) **NEW JOB** (complete employment listing form) **SWITCHED JOBS**
 OTHER (EXPLAIN): _____

When/What date did the change happen? _____

Which household member's income had changed?: _____

Based on this report you may be required to complete additional forms as they related to the change.

FORMER JOB (IF THIS APPLIES):

NAME OF EMPLOYED HOUSEHOLD MEMBER:		
EMPLOYER NAME:	YOUR JOB TITLE:	
ADDRESS:	EMPLOYER TELEPHONE #:	
HOW LONG HAVE YOU BEEN EMPLOYED? _____ (check one) <input type="checkbox"/> WKS <input type="checkbox"/> MOS <input type="checkbox"/> YRS	RATE OF PAY: \$	HOURS PER WK:
<input type="checkbox"/> Check here if, this job has ended. GIVE DATE: _____	HOW OFTEN ARE YOU PAID? (check one) <input type="checkbox"/> WKLY <input type="checkbox"/> BI -WKLY <input type="checkbox"/> MONTHLY	

NEW JOB (IF THIS APPLIES):

NAME OF EMPLOYED HOUSEHOLD MEMBER:		
EMPLOYER NAME:	YOUR JOB TITLE:	
ADDRESS:	EMPLOYER TELEPHONE #:	
HOW LONG HAVE YOU BEEN EMPLOYED? _____ (check one) <input type="checkbox"/> WKS <input type="checkbox"/> MOS <input type="checkbox"/> YRS	RATE OF PAY: \$	HOURS PER WK:
<input type="checkbox"/> Check here if, this job has ended. GIVE DATE: _____	HOW OFTEN ARE YOU PAID? (check one) <input type="checkbox"/> WKLY <input type="checkbox"/> BI -WKLY <input type="checkbox"/> MONTHLY	

IF YOU HAVE THE SAME EMPLOYER, BUT HAVE RECEIVED A RAISE OR DEMOTION OR A CHANGE IN HOURS, PLEASE COMPLETE THE FOLLOWING:

PAY RATE CHANGE: _____

CHANGE IN NUMBER OF HOURS WORKED PER WEEK: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

PENDER COUNTY HOUSING DEPARTMENT

LIST ALL TYPES OF INCOME CURRENTLY RECEIVED BY YOUR HOUSEHOLD:

TYPE	YES OR NO?	IF YES, HOW MUCH/WHAT IS THE VALUE?	HOW OFTEN?	NAME OF FAMILY MEMBER(S) RECEIVING:	Name of person/employer/ organization that provides this income:
Work First / OAP / AND		\$			
Child support/Alimony		\$			
FOOD STAMPS		\$			
SOCIAL SECURITY/SSI/SSDI		\$			
Unemployment Benefits		\$			
VA Benefits		\$			
Pension/retirement		\$			
FINANCIAL AID		\$			
Goods/Services		\$			
Pays Bills for my family		\$			
GIFT OR OTHER INCOME		\$			

IF YOU ARE CLAIMING TO HAVE NO INCOME or IF THE INCOME YOU REPORT IS SO LOW THAT IT IS NOT ENOUGH TO MEET REASONABLE EXPENSES FOR YOUR FAMILY, EXPLAIN HOW YOU PAY BASIC LIVING EXPENSES.

Have you opened a Bank Account since you last report?

- YES- provide proof of the change. NO

Have you had a change in out-of-pocket childcare expenses since your last report?

- YES- provide proof of the change. NO

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE & COMPLETE TO THE BEST OF MY KNOWLEDGE. I DECLARE UNDER PENALTY OF PERJURY, & BEING SUBJECT TO PROSECUTION UNDER THE N. C. GENERAL STATUTE 15§157-29, THAT THE INFORMATION IS TRUE & COMPLETE. I/WE UNDERSTAND THAT INFORMATION GIVEN TO THE HOUSING AUTHORITY MAY BE GIVEN TO THE PENDER COUNTY DEPARTMENT OF SOCIAL SERVICES. I/WE CERTIFY THAT I/WE HAVE READ AND UNDERSTAND THE ABOVE STATEMENT. BY SIGNING THIS DISCLOSURE, I /WE HEREBY AUTHORIZE THE PENDER COUNTY HOUSING DEPARTMENT (OR IT'S AGENT), TO CONTACT & OBTAIN INFORMATION REQUIRED FROM ANY OF THE **INDIVIDUALS /ENTITIES** LISTED ON THIS DISCLOSURE, OR FROM ANY OTHER INDIVIDUALS/ENTITIES REQUIRED TO VERIFY ELIGIBILITY. *(ALL ADULT HOUSEHOLD MEMBERS, 18 YEARS OLD OR OLDER, MUST SIGN THIS FORM)*

HEAD OF HOUSEHOLD: _____ DATE _____

OTHER ADULT: _____ DATE _____

OTHER ADULT: _____ DATE _____

OTHER ADULT: _____ DATE _____