



**HOUSING AUTHORITY**  
of the **COUNTY OF BUTTE**  
2039 Forest Avenue • Chico, CA 95928

(530) 895-4474  
FAX (530) 895-4469  
(800) 564-2999  
TDD RELAY (800) 735-2929

**CHANGE FORM FOR INCOME**  
**SECTION 8**

**PLEASE PRINT ALL INFORMATION**

Head of Household \_\_\_\_\_ Last 4 digits, SS# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name on file if different than above \_\_\_\_\_

Phone # Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Message (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**INCOME CHANGES**

**All household income must be reported and a form must be completed for each household member. You must provide complete names and address of income source (if applicable).**

**You must include documentation of changes. If you have zero income, you will need to complete a “Zero Monthly Income Verification” Form (Available upon request from the Housing Authority).**

Household Member: \_\_\_\_\_

**EMPLOYMENT:**     New             Quit             Terminated     Layoff             Increase             Decrease

**\*Include copy of documentation regarding change in employment. This may include 3 months of check stubs.**

Date of Change \_\_\_\_\_ Average Hours Worked Per Week \_\_\_\_\_

\_\_\_\_\_  
Name of Employer                      Address                      City, State, Zip                      Phone #

Income Amount: Monthly: \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_ Hourly \$ \_\_\_\_\_

**SOCIAL SECURITY/SSI:**     New             Decrease             Increase             Terminated

**\*Include copy of Social Security Award Letter for documentation of change.**

Income Amount: Monthly: \$ \_\_\_\_\_

**TANF:**                       New             Decrease             Increase             Terminated             Sanctioned

**\*Include copy of Passport to Services or Notice of Action from the Welfare Office for documentation of change.**

Income Amount: Monthly: \$ \_\_\_\_\_



*The Housing Authority of the County of Butte is an Equal Opportunity Employer and Housing Provider*





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**UNEMPLOYMENT:**             New             Decrease             Increase             Terminated

**\*Include copy of Unemployment Benefits as documentation of change.**

Income Amount: Monthly: \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

**CHILD SUPPORT:**             New             Decrease             Increase             Terminated

**\*Include copy of statement from Department of Child Support Services as documentation of change, or a copy of current court order.**

Income Amount: Monthly: \$ \_\_\_\_\_

**OTHER SOURCES OF INCOME:** \_\_\_\_\_

**\*Include documentation to verify changes.**

**CHILD CARE EXPENSES:**

Do you have out of pocket child care expenses?             Yes             No

\*If yes, please complete a "Child Care Verification" form.

**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 United States as to any matter within its jurisdiction.

I/We certify that the information given to the Housing Authority of the County of Butte on household income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of Housing Assistance and termination of tenancy. **I have not omitted, misstated, or withheld facts pertaining to the Household's Income or Persons living in the unit. I understand that it is my responsibility to report to the Housing Authority, any changes in income, assets and number of persons living in the unit, whenever they occur. I have been made aware of the Housing Programs and requirements and prohibitions.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Member

\_\_\_\_\_  
Date



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