





HOUSING AUTHORITY of the County of Butte
2039 Forest Avenue, Chico, CA 95928
(530) 895-4474 • Fax: 530-894-8738 • TDD Relay: 800-735-2929
www.butte-housing.com

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



The Housing Authority is an equal opportunity employer and housing provider.

