



# NOTIFICATION OF CHANGE OF INCOME FORM

*This form must be submitted to the Longview Housing Authority.*

Email: [LHA@LongviewTexas.gov](mailto:LHA@LongviewTexas.gov)

Fax: (903) 237-1254

Mail: P.O. Box 1952, Longview, Texas 75606

All household changes must be reported to the Longview Housing Authority (LHA) **within ten (10) business days** of the effective date of the change. This includes the any and ALL INOCME. All changes **MUST** be submitted in writing. Verbal notice of changes (i.e. phone calls) are not accepted.

Applicant/Participant Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Case Worker: \_\_\_\_\_  
Unit Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

Name of household member the change is for (if not HOH): \_\_\_\_\_

**Check the following that apply:**

- New Job
- No Longer Working
- Decrease in Hours
- Increase in Hours/Pay
- Increase of Child Support
- Decrease of Child Support
- Decrease in Food Stamps
- Decrease in SS/SSI Benefits
- Increase in SS/SSI Benefits
- Increase in Food Stamps

Effective Date of Change: \_\_\_\_\_ Source of Income: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ # of Hours Currently Working: \_\_\_\_\_

Salary Rate: \_\_\_\_\_/Hour

Employment Contact Person: \_\_\_\_\_ Employment Phone #: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**IMPORTANT NOTICE:** Please note that your income change **cannot be processed without supporting documentation**. If you are reporting an increase/decrease in income, you must submit three (3) consecutive check stubs and/or an Employment Verification Form must be submitted on your behalf from your employer directly to LHA. If you are reporting a loss of employment, you must attach a copy of your termination of employment notice or an Employment Verification Form must be submitted on your behalf from the former employer to LHA.

Additional Information: \_\_\_\_\_

Have you submitted/attached the required supporting documentation for this reported change?

- Yes
- No

### HEAD OF HOUSEHOLD CERTIFICATION

I certify that the information given to Longview Housing Authority regarding my status change, household members and deductions is accurate and complete to the best of my knowledge and belief.

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

\_\_\_\_\_  
Date

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it an offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.