



HOUSING AUTHORITY OF THE CITY OF LEXINGTON



609 East 3rd ST Lexington, NE 68850
Phone (308) 324-4633 Fax: (308) 324-4360

Household Change of Information Form

Are you an Applicant or Current Participant

Program:

Eastlawn Eastlawn Addition Eastlawn East Scattered Sites Homes

Housing Chose Voucher (section 8)

Head of Household: _____

Spouse or Other Adult: _____

Address: _____

Phone: _____

Email: _____

Change in Household

I am Adding a: Child Spouse Adult Live-in Aid

I am Removing a: Child Spouse Adult Live-in Aid

Name: _____ Date of Birth: _____

**To Add You must provide: 1. Social Security Card, 2. Birth Certificate 3. Completed 214 declaration
4. Photo ID for 18 and over**

This does not apply

Change of Employment

New Job Current Job Change in Hours Change in pay End of employment

Participants name: _____

Name of Employer: _____

Address of Employer: _____

Phone Number: _____

Rate of pay: _____ Hours per week: _____

Tips: _____ Overtime: _____

Pay Frequency: Weekly Every other week 2 times per month Monthly

Date Started: _____ Date Stopped: _____

New Job Current Job Change in Hours Change in pay End of employment

Participants name: _____

Name of Employer: _____

Address of Employer: _____

Phone Number: _____

Rate of pay: _____ Hours per week: _____

Tips: _____ Overtime: _____

Pay Frequency: Weekly Every other week 2 times per month Monthly

Date Started: _____ Date Stopped: _____

This does not apply

Other Income Changes

	<u>Head of Household</u>	<u>Other Adult Member</u>
SS/SSI/SSDI	\$ _____	\$ _____
AABD	\$ _____	\$ _____
Pension/Retirement	\$ _____	\$ _____
VA Benefits	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Workman's Comp	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
ADC/TANF	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Energy Assistance	\$ _____	\$ _____

Other Sources of Income

Complete this if someone helps or provides **any** of the following.

<u>Expense</u>	<u>Amount</u>	<u>Source</u> Name, Address, Phone	<u>Expense</u>	<u>Amount</u>	<u>Source</u> Name, Address, Phone
Rent			Car Payment		
Utility-Gas			Car insurance		
Utility-Electric			Car Gas		
Utility-W/S/T			Grooming products		
Cell Phone			Paper products		
Phone			Clothing		
Cable			Cigarettes/ tobacco		
Internet			Entertainment		
Credit card			School Activities Supplies		
Other			Other		

This does not apply

Change in Assets

Head Of Household

Other Adult Member

Name of Bank: _____

Checking: \$ _____ \$ _____

Savings: \$ _____ \$ _____

Trust fund: \$ _____ \$ _____

Money Market: \$ _____ \$ _____

Cd's \$ _____ \$ _____

This does not apply

Change in Student Status

Name: _____

School Name: _____ Financial Aid: _____

Date of Change: _____

This does not apply

Change in Child Care

Child or Children being watched: _____

Name of Provider: _____

Address: _____

Phone: _____ Out of Pocket \$ _____

DHHS Provides: _____

Change in Medical expenses FOR ELDERLY or DISABLED ONLY

Medical Bill

Location: _____ Account: _____

Are you making payments: No Yes Amount \$ _____

How often: _____

Change in Insurance: NON Medicare

Name of Company: _____ Policy Number: _____

Old amount: _____ New Amount: _____

Date of change: _____

Other: _____

