Massena Housing Authority
...making housing affordable

TENANT CHANGES INCOME and/or ASSETS FORM

EQUAL HOUSING OPPORTUNITY

Per your signed dwelling unit lease, it is your responsibility to ***report all changes*** in your ***INCOME, ASSETS*** and/or ***FAMILY COMPOSITION*** within ***10 calendar days*** of the occurrence. All changes must be ***reported in writing*** to the administration office and ***written 3rd party verification to confirm the reported changes is required.***

NAME:_____ UNIT #:_____
FIRST LAST

PHONE # WHERE YOU CAN BE REACHED: _____

EMAIL ADDRESS: _____

SECTION A: CHANGE OF EMPLOYMENT

OLD EMPLOYER: _____ END DATE: ____/____/____

EMPLOYER ADDRESS: _____ PHONE #: _____

NEW EMPLOYER: _____ START DATE: ____/____/____

EMPLOYER ADDRESS: _____ PHONE #: _____

NEW PAY IS: ☐ WEEKLY ☐ BI-WEEKLY

HOURLY RATE: $ _____ # OF HOURS PER WEEK: _____ GROSS PAY: $ _____

SECTION B: OTHER CHANGE OF INCOME/ASSETS

SOURCE OF CHANGE: _____

☐ INCOME INCREASE NEW MONTHLY AMOUNT: $_____ START DATE:____/____/____

☐ INCOME DECREASE NEW MONTHLY AMOUNT: $_____ START DATE:____/____/____

☐ UNEMPLOYMENT NEW WEEKLY AMOUNT: $_____ START DATE:____/____/____

☐ OTHER Describe: _____

_____ _____

Tenant Signature ***Date***

OFFICE USE ONLY

Date Received: _____

Received By: _____

NOTES_____

_____

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