



Household/Income/Inspection Change Form

Date _____ Housing Specialist _____

Printed Name _____ Phone _____

Head of Household name _____

Email Address _____

Please check one or all:

Household Change (adding/removing someone from the household) Please ask the receptionist for the landlord approval form and other required forms.

Adding _____

Removing _____

Income Change (indicate if there is an employer change) You must include employer's name and contact information. If you have a pay stub, please attach a copy.

Increase / decrease in income _____

New/Current employer's name and phone number

Previous employer's name and phone number

Did you file for unemployment? (circle one) Yes / No

Inspection / Reschedule Request

Notes/Comments: _____

After completing this form, return it to Housing Works by fax, mail, email or in person

Signature _____

Date _____