



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 _____

Main Office:
405 SW 6th Street
Redmond, OR 97756
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F) 541-923-6441
Text) 541-286-5562
Hours: Mon to Thurs, 8am to 5pm
Closed Friday

Bend Satellite Office:
2017 NE Full Moon Dr., Suite 100
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Text) 541-286-5562
Hours: Tue, Wed, Thurs, 9am to 4pm
Closed Monday & Friday

Date Stamp _____