PRELIMINARY CHANGE FORM

l am r	eporting a change in income due to: [Hours cut (sup			onger working at nily size (explain on line	
					-
Reside	ent Name:				
Addre					
Phone	:#:				
Name	of Employer/Staffing Company: _				
Mailir	ng_Address:				
Telephone or Fax:					
Rate o	of Pay: T	otal number	ofchours worked ea	ch week:	
I get paid : (Weekly, Bi-weekly, Semi-monthly, Monthly) Date Started: Date Stopped:					
Additional Source of Income: (Other than employment) Amount: Date began receiving:					eiving:
Do yo S	u pay for child care? Uyes no <u>lf v</u>	<u>es</u> :	(name of provider)	
(Amount paid - weekly/bi-wkly/monthly) (street address/city/zip code of provider)					
1. 2.	 Has anyone moved into or out of your Does anyone in your household receiv AFDC/ FI Public Assistance (Food Star Social Security 	ve any of the		 * * If yes, who? Pension Disability Payments 	Yes No
 Does anyone outside of your household pay any of your bills, or give you money? (If YES; complete a Self Certification form) 				🗌 Yes 🔲 No	
4.					Yes No
Com	nents: Explain any "yes" answers:				
	ify that the answers I have given are to made to verify any statement herein.				no objection to inquiries
	* DERSTAND THAT AN INTERIM ADJ IVED THIRD PARTY VERIFICATION	USTMENT V			NG AUTHORITY HAS
Participant's Signature Date					
HA Representative's Signature Date Date					

WARNING! Title 18, Section 1001 of the U.S. Code, states that any person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony.