

**INCOME UPDATE  
FAMILY CHANGE FORM**

Head of Household: \_\_\_\_\_

Spouse or Other Adult: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**FAMILY COMPOSITION**

Please Check One: Child Added: \_\_\_\_ Child Removed: \_\_\_\_ Adult Removed: \_\_\_\_

Name: \_\_\_\_\_

**INCOME**

Employment

Participant's Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Start date of employment: \_\_\_\_\_ End date of employment: \_\_\_\_\_

Employment

Participant's Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Start date of employment: \_\_\_\_\_ End date of employment: \_\_\_\_\_

	<u>Head of Household</u>	<u>Other Household Member(s)</u>
SS/SSI/SSDI	\$ _____	\$ _____
Pension/Retirement	\$ _____	\$ _____
AFDC/TANF	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Energy Assistance	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Workman's Comp	\$ _____	\$ _____
Child Support		
Amount received	\$ _____	\$ _____
Alimony		
Amount received	\$ _____	\$ _____

**OTHER INCOME SOURCES**

I have received other income or assistance in the following form:

- A friend, family member or agency has helped/is helping me pay bills (rent, utilities, car payment, insurance, registration, phone, cable, internet, health insurance, etc.)

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

**STUDENT STATUS**

<u>List all students 18 years of age or older</u>	<u>School</u>	<u>Financial Aid Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**ASSETS**

	<u>Head of Household</u>	<u>Other Household Member(s)</u>
Name of Bank	_____	_____
Checking	\$ _____	\$ _____
Savings	\$ _____	\$ _____
Trust Funds	\$ _____	\$ _____
Stocks or Bonds	\$ _____	\$ _____
Retirement Accts	\$ _____	\$ _____
CD's or Money	\$ _____	\$ _____
Market Accts		

**DAY CARE PROVIDER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Out of Pocket expense: \_\_\_\_\_

Amount paid by DHHS or other person: \_\_\_\_\_

**OUT OF POCKET MEDICAL EXPENSES FOR ELDERLY AND DISABLED ONLY**

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**Certified Statement:** The information requested on this form is being collected in connection with regulations of the Kearney Housing Agency, Kearney, Nebraska authorized by the United States Department of Housing and Urban Development to determine an applicant's initial and continuing eligibility; apartment size; and the amount of contribution by the tenant(s). It will be used to provide the basis for managing the program(s), for protecting the United States Government and the Kearney Housing Agency's financial interest, and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies; when relevant, to civil, criminal, or regulatory investigators or prosecutors. Failure to provide any information may result in a delay, or rejection of eligibility approval, or subsequent determination that initially approved eligibility was erroneous. General authorization to request this information is based on the Authority granted by the United States Housing Act of 1937, as amended, 42U.S.C., 1437 et seq., the Housing and Community Development Amendments of 1981, P.L. 97-35. 85 Statute, 348,408.

**Warning: Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.**

**Applicant(s)/Tenant(s) Statement:**

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that information provided with this Update Form as well as third party verifications will be used to make a rent adjustment.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

*Kearney Housing Agency does not discriminate on the basis of handicap, race, color, religion, sex, familial status, national origin, or gender identity or sexual orientation; in the admission or access to, or treatment or employment in its federally assisted programs and activities.*

\_\_\_\_\_ *Equal Opportunity Housing* \_\_\_\_\_

*The services of a Spanish speaking interpreter are provided to all applicants and residents with no cost to the applicant or resident.*