



ORMOND BEACH HOUSING AUTHORITY

Established 1951

100 NEW BRITAIN AVE. ORMOND BEACH, FL 32174
(386) 677-2069 – FAX (386) 677-3545

NOTIFICATION OF INCOME CHANGE

Applicant/Participant Name: _____ SS# _____

Applicant/Participant address: _____

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- ❖ SSI OR SS (attach documentation of proof)
- ❖ CHILD SUPPORT PAYMENTS(attach print out of payments)
- ❖ Unemployment (attaché documentation of proof)
- ❖ Family Contribution (attach notarized form)
- ❖ OTHER _____ (attach documentation of proof)
- ❖ Employer name, address and telephone number _____

INCREASE IN PAYMENTS: yes or no **DECREASE IN PAYMENTS:** yes or no

Payment Amount before \$ _____ weekly biweekly semi-monthly monthly

Payment Amount now \$ _____ weekly biweekly semi-weekly monthly

NOTE: _____

I authorize the Ormond Beach Housing Authority, Public Housing and Section 8 Housing Choice Voucher Program to request and obtain income information from the source listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I acknowledge that if this request was not submitted within 10 days of change, my assistance may be subject to termination.

Signature _____ Date _____

