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CHANGE OF INCOME FORM

Head of household: _____ Phone number: _____

Household member: _____ Last four of social security: _____

Email: _____

EMPLOYMENT

Provide two current and consecutive checks or letter from employer on company letterhead

Working: Started Stopped Changed Jobs **Wages and/or Hours:** Increased Decreased

Employer name:

Employer address:

Phone number:

Fax number:

OTHER INCOME

Provide a current payment printout or award letter

Unemployment: Stopped Increased Decreased **TANF:** Stopped Increased Decreased

Child/Spousal Support: Stopped Increased Decreased **SS/SSI:** Stopped Increased Decreased

ADDITIONAL EXPENSES

Provide letter from source

Child Care (for children 12 years old and younger): Stopped Increased Decreased

Medical Expenses (for head, co-head or spouse that are 62 years or older): Stopped Increased Decreased

Disability Expense (for disabled household members): Stopped Increased Decreased

Provider name:

Provider address:

Phone number:

Fax number:

OTHER CHANGES

(Specify Type of Change)

I declare, under penalty of perjury, that the above information is true and complete.

Signature of Head of Household

Date