Jacksonville HOUSING
1300 Broad Street N
Jacksonville, FL 32202
Phone: 904-552-5952
JaxHA.org

NOTIFICATION OF CHANGE

Name: _____ **SSN (last 4 digits):** _____

Address: _____

Primary Telephone: _____ **Alternate Telephone:** _____

Work Telephone: _____ **Email address:** _____

TYPE OF CHANGE: ☐ **INCOME** ☐ **HOUSEHOLD COMPOSITION**

INCOME CHANGE FOR: _____

(HOUSEHOLD MEMBER'S NAME)

EMPLOYER: _____ **DATE OF HIRE:** _____

TERMINATION DATE/LAST DATE WORKED: _____

RATE OF PAY $: _____ **OF HOURS PER WEEK:** _____

Please attach 4 most recent pay stubs reflecting the change, employment letter verifying new job, and/or notice of increase, etc. If you are no longer employed, please attach termination letter.

OTHER INCOME CHANGE:

☐ CHILD SUPPORT
☐ BEGAN ☐ ENDED ☐ REDUCED ☐ INCREASED

☐ TANF or AFDC
☐ BEGAN ☐ ENDED ☐ REDUCED ☐ INCREASED

☐ SS/SSI
☐ BEGAN ☐ ENDED ☐ REDUCED ☐ INCREASED

☐ VA BENEFITS
☐ BEGAN ☐ ENDED ☐ REDUCED ☐ INCREASED

☐ UNEMPLOYMENT
☐ BEGAN ☐ ENDED ☐ REDUCED ☐ INCREASED

☐ OTHER
☐ BEGAN ☐ ENDED ☐ REDUCED ☐ INCREASED

HOUSEHOLD COMPOSITION:

☐ ADD MEMBER(S) ☐ REMOVE MEMBER(S)

NAME: _____ **RELATIONSHIP:** _____

SOURCE OF INCOME: _____

NEW ADDRESS: _____

MOVE-OUT DATE: _____

_____

_____ _____

Signature **Date**