

HOUSING AUTHORITY OF THE CITY OF ELGIN

515 Old McDade Road, Elgin, TX 78621

ASSISTED HOUSING UPDATE FORM

Phone (512) 281-2772

Fax (512) 285-5546

****THIS FORM CAN BE PRINTED AT WWW.ELGINHOUSING.ORG****

Instructions: Fill out form completely & submit with income verification/ documentation.

Head of Household		Social Security No.
Address, City, State, Zip Code		
Cell #:	Home #:	Work #:
E-Mail Address:		

Complete this form to report any changes in your employment, income or household.

Check all that apply WHAT ARE YOU REPORTING?

<input type="checkbox"/> New Employment	Family Member Name:	Rate/wage per hour	Hours per week	Source Of Income Contact Information
	1.			
	2.			
<input type="checkbox"/> Employment Decrease	Family Member Name:	Rate/wage per hour	Hours per week	Source Of Income Contact Information
	1.			
	2.			

New Benefit: Social Security, Unemployment, Child Support, TANF, VA Pension, Family Contribution

<input type="checkbox"/> New Benefit	Family Member Name:	Type of Benefit:	Amount Per Month:
	1.		
	2.		
<input type="checkbox"/> Benefit Decrease	Family Member Name:	Type of Benefit:	Amount Per Month:
	1.		
	2.		

<input type="checkbox"/> Medical Expenses	Amount per month	
	\$	
<input type="checkbox"/> Childcare Expenses	Amount per month	Contact Information:
	\$	
<input type="checkbox"/> Removing Family Member	Name:	
<input type="checkbox"/> Adding Family Member	Name:	Is this a live-in aide? Yes No
<input type="checkbox"/> Change in Student Status	Name:	<input type="checkbox"/> Full Time
	School Contact Name & E-Mail Address:	<input type="checkbox"/> No longer Full Time

X

Signature of Head of Household

X

Date