



WALWORTH COUNTY HOUSING AUTHORITY

affordable housing is the foundation to build a strong community

20 N Church Street, Suite 1 • Elkhorn, Wisconsin 53121

Phone: 262-723-6123 • Fax: 262-723-2079

CHANGE OF INCOME AND/OR FAMILY COMPOSITION

Type of change: _____ Income _____ Family Composition

You must provide the required documentation/verification with your reported change(s).

See the checklist at end of this form.

Head of Household: _____

Address: _____

Phone Number: _____

Income Change

I am reporting an: _____ Increase _____ Decrease in household income

If Reporting a Decrease in Income Date income changed: _____

Family member with the decrease: _____

Income that is decreasing: _____

Reason for the decrease: _____

Receiving Unemployment Income: _____ Yes _____ No _____ Weekly _____ Monthly

If Reporting an Increase in Income Date income changed: _____

Family member with the increase: _____

Rate of pay/hours per week: _____

Provide income details:

Employer Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Family Composition Change

Family Composition Change						
Name	Addition	Deletion	Relation to Head of Household	Social Security Number	Date of Birth	Gender

Other Changes

You must report any changes in income and assets including Social Security benefits, SSI, VA benefits, Pension, Annuities, Retirement funds, Bonds, Stocks, W-2, Business income, rental property income, regular income from another source, etc:

I/we certify that the information given to the Walworth County Housing Authority on household composition, income, and net family assets is accurate and complete to the best of my/our knowledge and belief. I/we understand that providing false statements of information are punishable under Federal and State laws. I/we also understand that providing false statements of information is grounds for termination of the housing assistance payments.

Signature of Head of Household: _____

Signature of Other Adult in Household: _____

Date: _____

Checklist of Verification Documents to be Submitted with Reported Change

Income Change	
Type of Change	Documentation to be Provided
No Longer Employed:	<ul style="list-style-type: none"> • Letter on company letterhead from employer verifying last date of employment – OR – • WCHA Verification of Termination Form
Receiving Unemployment:	<ul style="list-style-type: none"> • Copy of current pay from unemployment – OR – • Letter from Unemployment
New Employer:	<ul style="list-style-type: none"> • Three most recent consecutive paycheck stubs - OR – • WCHA Verification of Employment Form
Increase or Decrease in wages:	<ul style="list-style-type: none"> • Last 30 days of paycheck stubs

Family Composition Change	
Type of Change	Documentation to be Provided
Addition of Family Member:	<ul style="list-style-type: none"> • If the addition to the household is an adult <ul style="list-style-type: none"> ○ An application will be provided to be completed. The application will list the documentation required. • If the addition to the household is a minor <ul style="list-style-type: none"> ○ Birth certificate or clinic/doctor/hospital record or current driver’s license or state id or adoption papers or current US passport/passbook card or school record ○ Social security card
Deletion of Family Member:	<ul style="list-style-type: none"> • Letter/Notice from landlord acknowledging that member being deleted no longer resides in the unit • Proof of new residence address for the member being deleted (lease agreement, driver’s license, utility bills, etc.