

## CHANGE OF INCOME STATUS FORM

**\*\*PLEASE RETURN TO THE PONTIAC HOUSING COMMISSION RECEPTIONIST\*\***  
**FORM MUST BE COMPLETED TO ITS FULLEST AND SHOULD HAVE ALL**  
**INFORMATION REQUESTED FOR THAT PARTICULAR CHANGE.**

Dear Housing Choice Voucher Department  
ATTN:

Today's Date: \_\_\_\_\_

Head of Household Name: \_\_\_\_\_

Household Member Name: \_\_\_\_\_

Address \_\_\_\_\_  
City, State, & Zip

Phone Number \_\_\_\_\_

**Please complete the following information if there is a change in your employment:**

- ☐ I have obtained employment. My first day of work was \_\_\_\_\_.
- ☐ I received an **increase** in pay on my current job effective \_\_\_\_\_.
- ☐ I received a **decrease** in pay on my current job effective \_\_\_\_\_.
- ☐ I am no longer employed. My last day of work was \_\_\_\_\_.

### YOU MUST COMPLETE THIS INFORMATION

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
City, State, & Zip

Employer Phone Number: \_\_\_\_\_

- ☐ My UNEMPLOYMENT benefits started on \_\_\_\_\_.
- ☐ My UNEMPLOYMENT benefits ended on \_\_\_\_\_.
- ☐ Change in Social Security Benefits (**Need current Social Security Letter attached**)
- ☐ Change in Child Support payments (**Need current print out of child support for 12 months attached**)

**Please complete the following information if there is a change in your assistance from DHS:**

- ☐ My DHS benefits started on \_\_\_\_\_.
- ☐ My DHS benefits closed on \_\_\_\_\_. Did your DHS case closed due to non-compliance with work first program? \_\_\_\_\_.

Caseworker Name: \_\_\_\_\_ Case # \_\_\_\_\_

DHS Address: \_\_\_\_\_  
City, State, & Zip

Caseworker Phone Number: \_\_\_\_\_

**PONTIAC HOUSING COMMISSION**  
91 N. SAGINAW ST., STE. 105  
PONTIAC, MICHIGAN 48342

**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

**DATE:** \_\_\_\_\_

**APPLICANT'S/RESIDENT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**City/St/Zip:** \_\_\_\_\_

**SS# / ALIEN REGISTRATION #:** \_\_\_\_\_

**To Whom It May Concern:**

I am an applicant/resident for the Housing Commission of the City of Pontiac Housing Choice Voucher Program). The information being requested on the attached form is for the purpose of determining my eligibility for rent subsidy. The following information to determine eligibility will be requested and verified:

- a. Criminal background checks to be completed thru Internet Criminal History Access Tool with the Michigan State Police.
- b. Credit check
- c. Landlord Verification
- d. Education Verification
- e. Family composition and type (Elderly, non-elderly)
- f. Annual income
- g. Assets and asset income
- h. Allowance information
- i. Local preferences
- j. Social Security numbers of all family members
- k. Citizenship or eligible immigration status
- l. Child Care Expense
- m. Medical Expense

I hereby give my permission to release this information and understand that it will be kept in strict confidence and be used for program purposes only. I would appreciate your prompt attention to supply the requested information and return the form to the Housing Authority within five (5) days of receipt.

I understand that a photocopy of this release is as valid as the original and this authorization will expire 12 months from the date listed above.

Thank you for your assistance and cooperation in this matter

\_\_\_\_\_  
**SIGNATURE**