

**INCOME UPDATE FAMILY CHANGE FORM  
PROGRAM**

Are you an Applicant or Active Participant

Please circle which program(s) the change is for

Scattered Sites      Housing Choice Voucher      Kearney Manor      Plaza Boulevard  
Gibbon              Minden              Shelton              Axtell              Autumn Village

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

Spouse or Other Adult: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**FAMILY COMPOSITION**

This section does not apply to me

Please Check One: Child Added: \_\_\_\_\_ Child Removed: \_\_\_\_\_ Adult Removed: \_\_\_\_\_

**Request to add another adult – prior approval required: \_\_\_\_\_**

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

**EMPLOYMENT**

Please complete this section even if the information has stayed the same

Same       Current job       New job       No longer employed

Participant's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Tips: \_\_\_\_\_

Over Time: \_\_\_\_\_

Start date of employment: \_\_\_\_\_

End date of employment: \_\_\_\_\_

Same       Current job       New job       No longer employed

Participant's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Tips: \_\_\_\_\_

Over Time: \_\_\_\_\_

Start date of employment: \_\_\_\_\_

End date of employment: \_\_\_\_\_

**Head of Household****Other Household Member(s)**

Please mark 0 or N/A if this does not apply to your family

SS/SSI/SSDI	\$ _____	\$ _____
AABD	\$ _____	\$ _____
Pension/Retirement	\$ _____	\$ _____
VA Benefits	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Workman's Comp	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
AFDC/TANF	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Energy Assistance	\$ _____	\$ _____

**OTHER SOURCES OF INCOME**

Complete this section if you receive help with any of the following expenses

This section does not apply to me 

<b>Expense</b>	<b>Amount</b>	<b>Source</b> name, phone, address	<b>Expense</b>	<b>Amount</b>	<b>Source</b> name, phone, address
Rent			Car payment		
Utility-gas			Car insurance		
Utility-electric			Car gas		
Utility-W/S/Trash			Grooming products		
Cell Phone			Paper products		
Phone			Clothing		
Cable			Cigarettes/ tobacco		
Internet			Entertainment		
Credit cards			School activities/ supplies		
Other			Other		

**STUDENT STATUS**

List all students 18 years of age or older

This section does not apply to me

School

Financial Aid Amount

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**ASSETS**

**Head of Household**

**Other Household Member(s)**

Please mark 0 or N/A if this does not apply to your family

Name of Bank	_____	_____
Checking	\$ _____	\$ _____
Savings	\$ _____	\$ _____
Trust Funds	\$ _____	\$ _____
Stocks or Bonds	\$ _____	\$ _____
Retirement Accts	\$ _____	\$ _____
CD's or Money	\$ _____	\$ _____
Market Accts		

**DAY CARE PROVIDE**

This section does not apply to me

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

Address: \_\_\_\_\_

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

Out of Pocket expense: \_\_\_\_\_

Amount paid by DHHS or other person: \_\_\_\_\_

**OUT OF POCKET MEDICAL EXPENSES FOR ELDERLY AND DISABLED ONLY**

This section does not apply to me

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Certified Statement:** The information requested on this form is being collected in connection with regulations of the Kearney Housing Agency, Kearney, Nebraska authorized by the United States Department of Housing and Urban Development to determine an applicant's initial and continuing eligibility; apartment size; and the amount of contribution by the tenant(s). It will be used to provide the basis for managing the program(s), for protecting the United States Government and the Kearney Housing Agency's financial interest, and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies; when relevant, to civil, criminal, or regulatory investigators or prosecutors. Failure to provide any information may result in a delay, or rejection of eligibility approval, or subsequent determination that initially approved eligibility was erroneous. General authorization to request this information is based on the Authority granted by the United States Housing Act of 1937, as amended, 42U.S.C., 1437 et seq., the Housing and Community Development Amendments of 1981, P.L. 97-35. 85 Statute, 348,408.

**Warning: Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.**

**Applicant(s)/Tenant(s) Statement:**

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that information provided with this Update Form as well as third party verifications will be used to make a rent adjustment.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

*Kearney Housing Agency does not discriminate on the basis of handicap, race, color, religion, sex, familial status, national origin, or gender identity or sexual orientation; in the admission or access to, or treatment or employment in its federally assisted programs and activities.*

\_\_\_\_\_ *Equal Opportunity Housing* \_\_\_\_\_

*The services of a Spanish speaking interpreter are provided to all applicants and residents with no cost to the applicant or resident.*