



**SPRINGDALE HOUSING AUTHORITY**



P.O. Box 2085, Applegate Apts. Office, # 5 Applegate Drive, Springdale, Ar. 72764-5630  
Fax: 479-756-8059

Phone: 479-751-0560  
TTY/TDD 800-285-1131

**Interim Change of Income/ Household Report Form – for Program Participants or Applicants**  
**Section 8 Housing Choice Voucher / Public Housing**

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

Date: \_\_\_\_\_

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

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

**Change of Household (if any)**

Name of Household Member being added or removed.	Social Security Number	Date of Birth	List if person is being added or removed	Race / Ethnicity

Explain the situation:

**Loss of Income / Decrease in Income (if any)**

Name your previous source of income	Address of previous employment	Date previous employment ended

Will you be applying for or receiving unemployment?      Yes      No

Explain the reason for the decrease or loss of income:

**Increase in Income/ Change of Income (if any)**

Name your new or additional source of income	Address of new or additional source of employment	Date New or additional income/ employment began.

Explain the reason for the decrease or loss of income:

I, the undersigned, certify that the information reported on this form is true and correct. I understand that giving false, incomplete, and/or inaccurate information is punishable under Federal and State law and is grounds for termination from the Section 8 Housing Choice Voucher Program and /or Public Housing Program.

\_\_\_\_\_  
Signature of Head of Household or Other Adult

\_\_\_\_\_  
Date