Northeast Oregon Housing Authority

Mailing Address
P.O. Box 3357
La Grande, OR 97850

Office Location
2608 May Lane

SERVING
Union - Grant- Baker- Wallowa Counties

541- 963-5360 **1-800-452-8638**
FAX 1-541-963-3682 *541- 963-2465-TDD*
e-mail - neoha@uwtc.net

Northeast Oregon Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities
NEOHA Executive Director has been designated to coordinate compliance with the nondiscrimination requirements contained in the HUD regulations implementing Section 504 (24CFR,pt 8) 11/2013

Change in Income or Family Composition

Please print legibly

Head of Household: _____.

Full Address: _____.

_____.

What Program are you on? Or what complex do you live in?

(Section 8, Public Housing, Green Acres, Strawberry Village, Wallowa Alpine Village, Tamarack Court, May Lane, Eldon Court, Sommers Apts)

Are you enrolled on the NEOHA Family Self-Sufficiency (FSS) Program? **YES** ❑ **NO** ❑

This is a WRITTEN report and/or request as ***REQUIRED by NEOHA*** that someone in my household has a change in employment, increase/decrease in income or expenses, change in family composition

Insert Family Member Name Who Has the Change

_____GOT A JOB on *(date started)* _____ *Employer* _____.
_____LOST A JOB on *(last work day)* _____ *Employer* _____.
_____NOW RECEIVING UNEMPLOYMENT *(weekly amt)* _____.
_____LOST UNEMPLOYMENT *(weekly amt)* _____.
_____ON JOB INJURY RECEIVING WORKMANS COMP *(monthly)* _____.
_____OTHER CHANGE IN INCOME *(increase to $* _____ */ decrease to $* _____.
_____HAD A BABY (name) _____ (Birth date) _____.
_____WANT TO ADD A PERSON TO HOUSEHOLD *Full Name* _____.
Relationship _____ *birth date* _____ *SS#* _____.
_____WANT TO REMOVE A PERSON FROM HOUSEHOLD Name _____.
_____INCREASE OR DECREASE IN CHILDCARE EXPENSE
_____INCREASE OR DECREASE IN MEDICAL EXPENSE

Please explain in detail on a separate sheet, if necessary:

I understand by reporting a change to **NEOHA**, I will receive a packet of forms along with a letter explaining what I need to do. I also understand the papers need to be returned by the due date. If the paperwork is not returned by the due date, I *risk losing my Housing Assistance*.

Head of Household Signature _____ *date* _____.

Telephone # _____ *Cell Phone #* _____.

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than $10,000 or imprisoned for not more than five years or both.

NEOHA Staff: ❶ *Was an Interim Done?* **YES** ❑ **NO** ❑

If no why? _____.

_____.

❷ *Effective Date* _____ ❸ *Staff Initials* _____.