

GRANITE CITY HOUSING AUTHORITY

P. O. Box 794

Granite City, Illinois 62040

PHONE: (618) 876-0975 TDD: (800) 545-1833 EXT 254 FAX: (618) 876-8992

NAME _____

ADDRESS _____

PHONE NUMBER _____

REQUEST TO REPORT A CHANGE IN FAMILY COMPOSITION/INCOME:

_____ **CHANGE IN FAMILY** Name: _____

_____ **MOVE OUT FAMILY MEMBER** Name: _____

_____ **CHANGE IN INCOME**

_____ **INCREASE IN INCOME** _____ **DECREASE IN INCOME**

NAME OF EMPLOYER/INCOME SOURCE _____

ADDRESS: _____

PHONE NUMBER _____

START / TERMINATION DATE: _____

_____ **PAY CYCLE (Hourly, Weekly, Semi Monthly, Monthly)**

_____ **HOURLY RATE** _____ **HOURS PER PAY PERIOD**

_____ **RECEIVING TANF** _____ **STOPPED RECEIVING TANF**

RESIDENT'S SIGNATURE

DATE

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DATE