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FairmontHousing.org   

Notification of Income Change

Applicant/Participant Name: _____ SSN: _____

Applicant/Participant Address:

[Street Name & Number] [City] [State] [Zip]

Check any of the following that apply and provide the specified documentation:

- SSI or SS** (attach documentation of proof)
- Child Support Payments** (attach printout of payments)
- Unemployment** (attach documentation of proof)
- Family Contribution** (attach notarized form)
- Other:** _____ (attach documentation of proof)
- Employer's Name:** _____

Employer's Address: [Street Name & Number] [City] [State] [Zip]

Employer's Phone: _____

Increase in Payments: Yes No

Decrease in Payments: Yes No

Previous Payment Amount: \$ _____ Weekly Bi-Weekly Semi-Monthly Monthly

Current Payment Amount: \$ _____ Weekly Bi-Weekly Semi-Monthly Monthly

Notes: _____

I authorize the Fairmont Housing Authority, Public Housing to request and obtain income information from the source listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

I acknowledge that if this request was not submitted within 10 business days of change, my assistance may be subject to termination.

[Signature]

[Date]