NEW YORK CITY HOUSING AUTHORITY
PUBLIC HOUSING

A. PUBLIC HOUSING INTERIM CHANGE
CHANGE IN INCOME - HEAD OF HOUSEHOLD

<table>
<thead>
<tr>
<th>1. TENANT NAME:</th>
<th>4. CASE NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. TENANT ADDRESS:</td>
<td>5. HOME PHONE:</td>
</tr>
<tr>
<td>3. EMAIL:</td>
<td>6. CELL PHONE:</td>
</tr>
</tbody>
</table>

7. Please use this form to report changes in income for the Head of Household only. Please use NYCHA form 040.932A to report a change in income for other Household Members. Other changes and increases, including the cost-of-living adjustments to recipients of Social Security, TANF, and Veterans Assistance, and new or increased amounts of unearned income, need not be reported until the next annual recertification.

8. If there are any additional comments regarding your change in income, please specify below.

9. Complete all appropriate pages. All completed forms must be returned with supporting documentation (i.e. employer letter, termination letter, two consecutive paystubs, etc.).

B. CHANGE REQUEST FOR HEAD OF HOUSEHOLD

<table>
<thead>
<tr>
<th>1. LAST NAME</th>
<th>2. FIRST NAME</th>
<th>3. MIDDLE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. SOCIAL SECURITY NUMBER</td>
<td>5. ALTERNATE ID NUMBER (IF NO SSN)</td>
<td>6. DATE OF BIRTH (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>
C. CHANGE IN INCOME

1. INCOME #1: TYPE OF CHANGE
   a. NEW OR INCREASE IN INCOME
   b. DECREASE IN INCOME
   c. LOSS OF INCOME: LOSS DATE (mm/dd/yyyy)

2. INCOME SOURCE #1 (PLEASE SELECT ONLY ONE INCOME SOURCE)
   a. ADOPTION/FOSTER CARE
   b. CHILD SUPPORT/ALIMONY
   c. CONTRIBUTIONS
   d. EMPLOYMENT (WAGES)
   e. MILITARY PAY/VETERAN'S AFFAIR (VA) BENEFITS
   f. PENSION/ANNUITY
   g. PUBLIC ASSISTANCE
   h. SELF-EMPLOYMENT
   i. SOCIAL SECURITY
   j. UNEMPLOYMENT INSURANCE
   k. WORKER'S COMPENSATION
   l. SUPPLEMENTAL SECURITY INCOME (SSI)
   m. SOCIAL SECURITY SURVIVOR'S BENEFITS
   n. SOCIAL SECURITY DISABILITY

3. START DATE
4. TOTAL INCOME
   (mm/dd/yyyy)
   $ ,
5. PER (SPECIFY TIME PERIOD)
   a. WEEKLY
   b. BI-WEEKLY
   c. MONTHLY
   d. SEMI-MONTHLY
   e. ANNUALLY

6. NAME OF INCOME SOURCE #1
7. TELEPHONE NUMBER

8. ADDRESS
9. CITY
10. STATE
11. ZIP CODE

1. INCOME #2: TYPE OF CHANGE
   a. NEW OR INCREASE IN INCOME
   b. DECREASE IN INCOME
   c. LOSS OF INCOME: LOSS DATE (mm/dd/yyyy)

2. INCOME SOURCE #2 (PLEASE SELECT ONLY ONE INCOME SOURCE)
   a. ADOPTION/FOSTER CARE
   b. CHILD SUPPORT/ALIMONY
   c. CONTRIBUTIONS
   d. EMPLOYMENT (WAGES)
   e. MILITARY PAY/VETERAN'S AFFAIR (VA) BENEFITS
   f. PENSION/ANNUITY
   g. PUBLIC ASSISTANCE
   h. SELF-EMPLOYMENT
   i. SOCIAL SECURITY
   j. UNEMPLOYMENT INSURANCE
   k. WORKER'S COMPENSATION
   l. SUPPLEMENTAL SECURITY INCOME (SSI)
   m. SOCIAL SECURITY SURVIVOR'S BENEFITS
   n. SOCIAL SECURITY DISABILITY

3. START DATE
4. TOTAL INCOME
   (mm/dd/yyyy)
   $ ,
5. PER (SPECIFY TIME PERIOD)
   a. WEEKLY
   b. BI-WEEKLY
   c. MONTHLY
   d. SEMI-MONTHLY
   e. ANNUALLY

6. NAME OF INCOME SOURCE #2
7. TELEPHONE NUMBER

8. ADDRESS
9. CITY
10. STATE
11. ZIP CODE

D. CHANGE IN ASSETS

1. ARE THE NET FAMILY ASSETS NOW IN EXCESS OF $5000?
   a. YES
   b. NO

2. Calculation of Income from Assets
   If the total cash value of the family's assets exceeds $5,000, the annual income generated from these assets will be determined based on the
greater of (1) the actual income from the assets, or (2) the imputed income from the assets.
### 3. ASSET #1: TYPE OF CHANGE
- a. NEW OR INCREASE IN ASSET
- b. DECREASE IN ASSET

#### 4. ASSET #1 (PLEASE SELECT ONLY ONE ASSET)
- a. CHECKING ACCOUNT
- b. SAVINGS ACCOUNT
- c. MONEY MARKET FUND/MUTUAL FUND
- d. OTHER (PLEASE SPECIFY)
- e. LIFE INSURANCE POLICY (TERM LIFE)
- f. LIFE INSURANCE POLICY (WHOLE LIFE)
- g. REAL ESTATE, HOUSE, CO-OP, OR CONDO (PROPERTY HELD AS AN INVESTMENT)
- h. STOCKS
- i. TRUST FUND
- j. 401K/IRA/ROTH IRA (RETIREMENT ACCOUNT)

#### 5. CURRENT VALUE
- $__________

#### 6. INTEREST RATE (IF APPLICABLE)
- __________%

#### 7. INTEREST EARNED FROM ASSET
- $__________

#### 8. NAME OF FINANCIAL INSTITUTION

If you checked real estate, house, co-op, or condo above, please answer questions number 10 and 11 below, and submit a signed statement for each property that shows the following information: type of property, address, percent of ownership, date of purchase, original purchase price, amount of existing loans that includes name of the lender, current value, and income, if any, for the past year.

#### 10. PERCENT (%) OWNED
- ______

#### 11. PROPERTY INCOME LAST 12 MONTHS
- $__________

### 3. ASSET #2: TYPE OF CHANGE
- a. NEW OR INCREASE IN ASSET
- b. DECREASE IN ASSET

#### 4. ASSET #2 (PLEASE SELECT ONLY ONE ASSET)
- a. CHECKING ACCOUNT
- b. SAVINGS ACCOUNT
- c. MONEY MARKET FUND/MUTUAL FUND
- d. OTHER (PLEASE SPECIFY)
- e. LIFE INSURANCE POLICY (TERM LIFE)
- f. LIFE INSURANCE POLICY (WHOLE LIFE)
- g. REAL ESTATE, HOUSE, CO-OP, OR CONDO (PROPERTY HELD AS AN INVESTMENT)
- h. STOCKS
- i. TRUST FUND
- j. 401K/IRA/ROTH IRA (RETIREMENT ACCOUNT)

#### 5. CURRENT VALUE
- $__________

#### 6. INTEREST RATE (IF APPLICABLE)
- __________%

#### 7. INTEREST EARNED FROM ASSET
- $__________

#### 8. NAME OF FINANCIAL INSTITUTION

If you checked real estate, house, co-op, or condo above, please answer questions number 10 and 11 below, and submit a signed statement for each property that shows the following information: type of property, address, percent of ownership, date of purchase, original purchase price, amount of existing loans that includes name of the lender, current value, and income, if any, for the past year.

#### 10. PERCENT (%) OWNED
- ______

#### 11. PROPERTY INCOME LAST 12 MONTHS
- $__________

---

**A. DID YOU SELL OR GIVE AWAY ANY ASSETS IN THE PAST 2 YEARS IN EXCESS OF $1,000?**

1. YES *
2. NO *

3. IF YES, PLEASE COMPLETE THE INFORMATION BELOW. IF NO, SKIP THIS SECTION.

#### 4. TYPE OF ASSET

#### 5. DATE GIVEN AWAY OR SOLD

#### 6. SALE PRICE
- $__________

#### 7. MARKET VALUE AT TIME OF DISPOSITION OR SALE
- $__________

---

**NYCHA 040.932 (10/27/17v1) PH INTERIM CHANGE/CHANGE IN INCOME - HEAD OF HOUSEHOLD**

Page 4 of 5
### E. FOR CHILD HOUSEHOLD MEMBER UNDER 13

1. **MINOR #1: TYPE OF CHANGE**

   FOR CHILD HOUSEHOLD MEMBER UNDER 13

   - a. NEW OR INCREASE IN EXPENSE
   - b. DECREASE IN EXPENSE
   - c. END OF EXPENSE: END DATE

   (mm/dd/yyyy)

2. **MINOR #1 - LAST NAME**

3. **FIRST NAME**

4. **M.I.**

5. **TOTAL CHILDCARE EXPENSES**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$ , .</td>
<td>$ , .</td>
<td>$ , .</td>
<td>$ , .</td>
<td>$ , .</td>
</tr>
</tbody>
</table>

6. **IF ANY PORTION OF THE CHILDCARE EXPENSE AMOUNT IS REIMBURSED TO YOU, PLEASE WRITE TOTAL CHILDCARE REIMBURSEMENT AMOUNT HERE.**

   $ , .

7. **NAME OF CHILDCARE AGENCY OR CHILDCARE PROVIDER**

8. **AGENCY/PROVIDER TELEPHONE NUMBER**

9. **AGENCY/PROVIDER ADDRESS**

   - a. CITY
   - b. STATE
   - c. ZIP CODE

### 1. **MINOR #2: TYPE OF CHANGE**

   FOR CHILD HOUSEHOLD MEMBER UNDER 13

   - a. NEW OR INCREASE IN EXPENSE
   - b. DECREASE IN EXPENSE
   - c. END OF EXPENSE: END DATE

   (mm/dd/yyyy)

2. **MINOR #2 - LAST NAME**

3. **FIRST NAME**

4. **M.I.**

5. **TOTAL CHILDCARE EXPENSES**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$ , .</td>
<td>$ , .</td>
<td>$ , .</td>
<td>$ , .</td>
<td>$ , .</td>
</tr>
</tbody>
</table>

6. **IF ANY PORTION OF THE CHILDCARE EXPENSE AMOUNT IS REIMBURSED TO YOU, PLEASE WRITE TOTAL CHILDCARE REIMBURSEMENT AMOUNT HERE.**

   $ , .

7. **NAME OF CHILDCARE AGENCY OR CHILDCARE PROVIDER**

8. **AGENCY/PROVIDER TELEPHONE NUMBER**

9. **AGENCY/PROVIDER ADDRESS**

   - a. CITY
   - b. STATE
   - c. ZIP CODE
### F. CHANGE IN MEDICAL/DISABILITY EXPENSES

Please indicate type of change in unreimbursed medical expenses, including any medical insurance premiums in the space provided below for each family member. All expenses are listed on the "HOH Form."

#### 1. MEDICAL/DISABILITY EXPENSE #1 TYPE OF CHANGE:

<table>
<thead>
<tr>
<th>Type of Change</th>
<th>End Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. New or Increase</td>
<td></td>
</tr>
<tr>
<td>b. Decrease</td>
<td></td>
</tr>
<tr>
<td>c. End Expense</td>
<td></td>
</tr>
</tbody>
</table>

#### 2. EXPENSE #1 LAST NAME

<table>
<thead>
<tr>
<th>First Name</th>
<th>M.I.</th>
</tr>
</thead>
</table>

#### 3. FIRST NAME

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
</tr>
</thead>
</table>

#### 4. M.I.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
</tr>
</thead>
</table>

#### 5. TYPE OF MEDICAL EXPENSE

<table>
<thead>
<tr>
<th>Type of Medical Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### 6. AMOUNT OF OUT-OF-POCKET MEDICAL EXPENSES

<table>
<thead>
<tr>
<th>Type of Medical Expense</th>
<th>Amount ($)</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>Monthly</th>
<th>Semi-Monthly</th>
<th>Annually</th>
</tr>
</thead>
</table>

#### 1. MEDICAL/DISABILITY EXPENSE #2 TYPE OF CHANGE:

<table>
<thead>
<tr>
<th>Type of Change</th>
<th>End Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. New or Increase</td>
<td></td>
</tr>
<tr>
<td>b. Decrease</td>
<td></td>
</tr>
<tr>
<td>c. End Expense</td>
<td></td>
</tr>
</tbody>
</table>

#### 2. EXPENSE #2 LAST NAME

<table>
<thead>
<tr>
<th>First Name</th>
<th>M.I.</th>
</tr>
</thead>
</table>

#### 3. FIRST NAME

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
</tr>
</thead>
</table>

#### 4. M.I.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
</tr>
</thead>
</table>

#### 5. TYPE OF MEDICAL EXPENSE

<table>
<thead>
<tr>
<th>Type of Medical Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### 6. AMOUNT OF OUT-OF-POCKET MEDICAL EXPENSES

<table>
<thead>
<tr>
<th>Type of Medical Expense</th>
<th>Amount ($)</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>Monthly</th>
<th>Semi-Monthly</th>
<th>Annually</th>
</tr>
</thead>
</table>

### G. TENANT CERTIFICATION TO BE SIGNED BY HEAD OF HOUSEHOLD

1. I certify that the information given to the New York City Housing Authority in this document and any other documents submitted in support of it are accurate and complete to the best of my knowledge and belief. I understand and acknowledge that providing false statements or information is punishable under federal and local laws. I also understand that false statements or information are grounds for termination of housing assistance. Further, I have read or someone has read to me the above statement.

<table>
<thead>
<tr>
<th>Signatures</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Head of Household (Lessee)</td>
<td></td>
</tr>
<tr>
<td>b. Head of Household (Lessee)</td>
<td>Signature</td>
</tr>
<tr>
<td>c. Signature Date (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>d. Head of Household (Co-Lessee)</td>
<td>Signature</td>
</tr>
<tr>
<td>e. Head of Household (Co-Lessee)</td>
<td>Signature</td>
</tr>
<tr>
<td>f. Signature Date</td>
<td></td>
</tr>
</tbody>
</table>