

***The Housing Authority of the City of North Chicago***

1440 Jackson Street. North Chicago, Illinois 60064

Phone: (847) 785-4300 Fax: (847) 689-4489

**CHANGE OF INCOME**

Head of Household: \_\_\_\_\_

Head of Household Address: \_\_\_\_\_

Head of Household Phone Number: \_\_\_\_\_

Date of Income Change: \_\_\_\_\_

**Type of Change:**

Gain of Income             Gain of Hours

Loss of Income             Loss of Hours

**Type of Income Changed:**

Employment

Unemployment

Public Aid/ TANF

Child Support

Child Care

Social Security

Self- Employment

Pensions/Annuity

Other: \_\_\_\_\_

Name of Family Member with Change if Different From Head of Household: \_\_\_\_\_

Name and Address of Income Source: \_\_\_\_\_

Phone Number for Verification: \_\_\_\_\_

Fax Number for Verification: \_\_\_\_\_

\_\_\_\_\_  
Signature of Head of Household            Date

\_\_\_\_\_  
Signature of Other Adult Member            Date