

Phone (503) 798-4170 FAX (503) 798-4171 TDD 1-800-735-2900



Office Use Only

## TENANT INCOME UPDATE REPORT

## PLEASE PRINT CLEARLY AND COMPLETE ENTIRE FORM

(Illegible forms will not be processed)

HEAD OF HOUSEHOLD NAME		SS#		
PHONE NUMBER(S)		EMAIL		
Name of person filling out this form if not Head of Household				
Signature	Date		FSS Participant: Yes No	
***When reporting income (paystubs, letter		IST ATTACH VERIFICA benefit award letter,		
EMPLOYMENT CHANGE	Increase	Decrease		
Family Member	Employer	Phone:	Date of Hire:	
CHANGE IN OTHER INCOME Family Member: Type of Change:New IncomeIncome En Source of Income:TANFUnemployment Amount Received: \$[ Explain Why Change Occurred:]	nded Other: Child Support WeeklyMonthly	Social Security		

## **REASONABLE ACCOMMODATION**

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority office.

## STATEMENT OF NONDISCRIMINATION

Marion County Housing Authority does not discriminate on the basis of race, color, sex, religion, familial status, age, disability, national origin (called "protected classes"), marital status, source of income, type of occupation, sexual orientation, gender identity or domestic partnership.

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Program:	
Entered Data:	
Scanned:	
Other:	
Case Manager:	



This agency is an equal opportunity provider2645 Portland Rd. NE, Suite 200, Salem, OR 97301