

Northeast Oregon Housing Authority

Serving Union-Grant-Baker & Wallowa County

Mailing Address

P.O. Box 3357

La Grande, OR

Office Location

2608 May Lane



PHONE: 541-963-5360

800-425-8638

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FAX: 541-963-3682

TDD: 541-963-2465

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Northeast Oregon Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. NEOHA Executive Director has been designated to coordinate compliance with the nondiscrimination requirements contained in the HUD regulations implementing Section 504 (24CFR,pt8)11/2013

Change in Income or Family Composition

Please print legibly

Head of Household: _____

Full Address: _____

What Program are you on? Or what complex do you live in? _____

(Section 8, Green Acres, Strawberry Village, Wallowa Alpine Village, Tamarack Court, May Lane, Eldon Court, Sommers Apts)

Are you enrolled on the NEOHA Family Self-Sufficiency (FSS) Program? YES NO

This is a written report and/or request as required by NEOHA that someone in my household has a change in employment, increase/decrease in income or expenses, and or change in family composition.



Insert Family Member Name Who Has the Change

_____ GOT A JOB on: *(date started)* _____ *Employer*

_____ LOST A JOB on: *(last work day)* _____ *Employer*

_____ NOW RECEIVING UNEMPLOYMENT: *(weekly amt)* _____

_____ LOST UNEMPLOYMENT: *(weekly amt)* _____

_____ ON JOB INJURY RECEIVING WORKMANS COMP: *(monthly)* _____

_____ OTHER CHANGE IN INCOME: *increase to \$* _____ / *Decrease to \$* _____

_____ HAD A BABY: *(name)* _____ *(Birth date)* _____

_____ WANT TO ADD A PERSON TO HOUSEHOLD: *Full Name* _____

_____ *Relationship* _____ *Birth date* _____ *SS#* _____

_____ WANT TO REMOVE A PERSON FROM HOUSEHOLD: *Name* _____

_____ INCREASE OR DECREASE IN CHILDCARE EXPENSE _____

_____ INCREASE OR DECREASE IN MEDICAL EXPENSE: _____

Please explain in detail on a separate sheet, if necessary: _____

I understand by reporting a change to NEOHA I will receive a packet of forms along with a letter containing additional instruction. I also understand the papers need to be returned by the due date. **If the paperwork is not returned by the due date, I risk losing my Housing Assistance.**

Head of Household Signature _____ **Date** _____

Telephone # _____ **Cell Phone #** _____

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

NEOHA Staff: ① **Was an Interim Done?** YES NO

If no why? _____

② **Effective Date** _____ ③ **Staff Initials** _____