



Longmont Housing Authority

350 Kimbark Street, Longmont, CO 80501

Phone: (303) 651-8581

TTY service available through Colorado Relay Service at 1-800-659-3656.

INTERIM – INCOME CHANGES

Date: _____

Head of Household: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Please Check for Reasons of your change

Increase of Wages

Decrease of Hours

Increase of Hours

Employment Terminated

Gained new employment

Other: _____

Other - Explain: _____

Began Childcare – *Child Care Form*
Attached w/ daycare statement

Childcare Terminated – *Child Care Form*
Attached w/ daycare final statement

Medical Expenses

Prescribed RX Expenses

TENANT CERTIFICATION

I, _____ certify this information to be true, complete, and accurate. I acknowledge that falsifying or manipulating information may result in termination from the Housing Choice Voucher Program. I understand all changes to my household composition, income or other circumstances which may occur after I complete this form must be reported in writing to Longmont Housing Authority within ten (10) days of the change.

Head of Household Signature

Date

Verification of Employment (Next Page)





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VERIFICATION OF EMPLOYMENT

Employment: _____

Address: _____

City/State/Zip: _____

Phone No: _____

Email: _____

RE: _____

Applicant/Tenant's Name (Please Print)

Social Security No.

Consent to Release Information: My signature below authorizes verification of my employment information.

Signature of Applicant/Tenant's Name

Date

The above Applicant/Resident is applying/participating in a housing program that requires verification of income. The individual signed a release above giving you permission to supply us with information. The information provided will remain confidential. Please return the completed form to the email address/fax below.

I certify this verification has been sent directly to the employer and was not hand-carried by the applicant/tenant or any other interested party.

Signature of Owner/Agent

Housing Choice Voucher Specialist

Title

Date

350 Kimbark Street Longmont, CO 80501

Owner/Agent's Address

Owner/Agent's Fax/Email

