

VERMILLION HOUSING AUTHORITY

P.O. Box 362, 25 Center St

Vermillion, SD 57069

Phone: 605-677-7191 FAX: 605-677-7192

The U.S Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. Providing false or incomplete information will result in all applicable penalties being applied.

All changes must be reported in writing within TEN (10) DAYS of the date of the change. Fill out the following section (s), which apply to the change(s)

My signature below is my consent for the Vermillion Housing Authority to contact any agencies, organizations, offices, or individuals necessary to verify any information needed for my participation in the housing assistance programs.

EMPLOYMENT CHANGE FORM

Head of Household: _____ Date: _____

Address: _____ Phone: _____

SS# _____

Print Name of Spouse/Co-Head: _____

Signature of Spouse/Co-Head: _____

Change of Income:

Name of Family Member: _____ Effective: _____

Type of income that changed: _____

(Child Support, wages, SS, Retirement, etc.)

Name of Source/Employer: _____

Phone: _____

Address: _____

Street Address/PO Box

City _____ State _____ Zip _____

Wage change? Yes ___ No ___ Increase _____ Decrease _____ \$ _____

Hour change? Yes ___ No ___ Increase _____ Decrease _____