

Part 2

CHANGE OF HOUSEHOLD INCOME

Head of Household: Weekly \$ _____ Monthly \$ _____

Co-Head: Weekly \$ _____ Monthly \$ _____

Other Weekly \$ _____ Monthly \$ _____

Total Household Income from all Sources:

Weekly \$ _____ Monthly \$ _____

Part 3

ADDING OR DELETING THE FOLLOWING FAMILY MEMBER

1) _____ SS# _____ DOB _____

2) _____ SS# _____ DOB _____

3) _____ SS# _____ DOB _____

4) _____ SS# _____ DOB _____

5) _____ SS# _____ DOB _____

6) _____ SS# _____ DOB _____

7) _____ SS# _____ DOB _____

8) _____ SS# _____ DOB _____

I hereby certify that the above information is true and correct. I also understand that Section 1001 of Title 18 of the United States Code makes it crime punishable by fine up to \$10,000, or imprisonment up to (5) years, or both for making any fraudulent statements or misrepresentation to the Ocala Housing Authority.

Signature of Head of Household

Date

Signature of Co-Head

Date

REVISED 07/10/08