



Housing Authority of the County of DeKalb

310 North Sixth Street • DeKalb, Illinois 60115

Phone 815.758.2692 • Fax 815.758.4190

www.dekcohousing.com

INCOME/ASSET/DEDUCTION CHANGE FORM

Head of Household Name _____

(print)

Address _____ Email: _____

Social Security Number for (Head of Household) _____

Name(s) of Household Member(s) the change(s) pertains to: _____

In accordance with Tenant Responsibilities of the Housing Authority of the County of DeKalb, I hereby amend my most recently completed Personal Declaration to notify the above housing authority of the following change(s) in income, assets and/or deductions:

PLEASE PROVIDE COMPLETE SPECIFIC DETAILS OF THE CHANGE(S) YOU ARE REPORTING BELOW AND ATTACH ANY AVAILABLE BACKUP DOCUMENTATION *IF YOU HAVE IT*. EXAMPLE: SOCIAL SECURITY AWARD LETTER, PAY STUBS, CHILD SUPPORT COURT ORDER, CHILD CARE COPAY LETTER, UNEMPLOYMENT BENEFIT LETTER, ETC.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Signature of Head of Household

Date

Daytime Phone Number

Signature of Spouse

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

NOTE: ONLY AN ORIGINAL OF THIS FORM WILL BE ACCEPTED



THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER & EMPLOYER

