

**BELMONT HOUSING AUTHORITY  
51 FLOWERS CT. P O BOX 98451  
BELMONT, NC 28012  
704-825-9376**

**PUBLIC HOUSING RENT CHANGE REQUEST FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: (If no phone you must leave contact #) \_\_\_\_\_

**I am reporting the following change(s) {Check all that apply and explain below}**

<input type="checkbox"/>	New Employment	<input type="checkbox"/>	WFFA / AFDC benefits started
<input type="checkbox"/>	Employment has ended / Layoff	<input type="checkbox"/>	WFFA / AFDC benefits stopped
<input type="checkbox"/>	Employment hours reduced	<input type="checkbox"/>	Child Support started
<input type="checkbox"/>	Changed jobs	<input type="checkbox"/>	Child Support stopped
<input type="checkbox"/>	Unemployment benefits started/ended	<input type="checkbox"/>	Social Security / SSI benefits started
<input type="checkbox"/>	Daycare expense started	<input type="checkbox"/>	Social Security / SSI benefits stopped
<input type="checkbox"/>	Daycare expense stopped	<input type="checkbox"/>	Other ( <i>Must explain in space provided*</i> )

**This change is for:**

<input type="checkbox"/>	Head of Household
<input type="checkbox"/>	Co-Tenant/Spouse
<input type="checkbox"/>	Child:

<b>Current Employer</b>					
Employer	Address	Beginning Date	Ending date	Hours per week	Hourly Rate
<b>Previous Employer</b>					
(Must be completed if reporting a job ending, layoff, or change in jobs)					

\* **Explanation:** \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

