

## CHANGE OF INCOME STATUS FORM

**\*\*PLEASE RETURN TO THE PONTIAC HOUSING COMMISSION  
RECEPTIONIST AFTER FORM IS FULLY COMPLETED.\*\***

Dear Housing Choice Voucher Department:

Tenant Name \_\_\_\_\_

Tenant Address \_\_\_\_\_  
City, State, & Zip

Tenant Phone Number \_\_\_\_\_

Today's Date: \_\_\_\_\_

I have obtained employment. My first day of work was \_\_\_\_\_.

I am no longer employed. My last day of work was \_\_\_\_\_.

Please complete the following information:

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
City, State, & Zip

Company Phone Number: \_\_\_\_\_

My unemployment benefits started on \_\_\_\_\_.

My unemployment benefits end on \_\_\_\_\_.

My FIA benefits started on \_\_\_\_\_.

My FIA benefits closed on \_\_\_\_\_. Did your FIA case closed  
due to non-compliance with work first program \_\_\_\_\_.

Please complete following information:

Caseworker Name: \_\_\_\_\_

FIA Address: \_\_\_\_\_  
City, State, & Zip

Caseworker Phone Number: \_\_\_\_\_