

**BRATTLEBORO HOUSING PARTNERSHIPS**  
**PO.BOX 2275, W BRATTLEBORO, VT 05303**  
**802-254-6071 [bhp@brattleborohousing.org](mailto:bhp@brattleborohousing.org)**

**CHANGE OF INCOME FORM**

BHP Residents paying income-based rent and all BHP Section 8 Participants must report any and all changes in income to BHP within 10 business days of the change.

**Public Housing Residents:** The Head of Household and the person with the change of income must complete this form and meet with the Property Manager within 10 business days of the income change.

Date of change: \_\_\_\_\_ Date resident reported change: \_\_\_\_\_

**All PH Residents and Section 8 Participants Complete the Following:**

Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Person Having the Change: \_\_\_\_\_

What changed? \_\_\_\_\_

Source of income: \_\_\_\_\_

Address: \_\_\_\_\_

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

Income before change: \_\_\_\_\_ Income after change: \_\_\_\_\_

**NOTE:**

Will other changes occur as a result of the change listed above?  Yes  No

Reach-up  Unemployment  SSI/SSDI  Worker's Comp

Child support  Child Care  Other: please specify \_\_\_\_\_

Explain these related changes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Printed Name of Resident/Participant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

Equal Opportunity Housing  
A reasonable accommodation procedure is available for people with disabilities who wish to request  
modification in our programs, policies or procedures.

November 2014