



CHANGE OF INCOME / ASSETS

Biddeford Housing Authority requires that participants report any changes in household composition, income and/or assets within ten days from the date of the change. If available at the time you complete this form, please attach copies of any verification(s) needed. **Each section of this form MUST BE COMPLETED.**

Head of Household: _____ **Phone Number:** _____

Section 1: HOUSEHOLD INCOME

Please check off **income** type(s) you are updating (minors included):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Wages (gross) | <input type="checkbox"/> Social Security, SSDI | <input type="checkbox"/> SSI | <input type="checkbox"/> State Supplement Pymt |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Child Support | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Workman's Comp. | <input type="checkbox"/> Contributions from outside of the household | |
| <input type="checkbox"/> Funds received as Social Influencer, Public Figure, Content Creator, etc. | | <input type="checkbox"/> Other | |

Household Member	Source of Income	Address or Fax # of Source	Gross Amount	Frequency	No Longer Receiving
			\$		<input type="checkbox"/>
			\$		<input type="checkbox"/>
			\$		<input type="checkbox"/>

I certify that I do not have any / any other changes of household income.

Section 2: HOUSEHOLD ASSETS

Please check off **asset** type(s) you are updating (minors included):

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Savings, Money Market Acct | <input type="checkbox"/> CD (Certificate of Deposit) | <input type="checkbox"/> Savings Bonds, Treasury Bills |
| <input type="checkbox"/> Whole Life Insurance | <input type="checkbox"/> Real Estate, Real Property | <input type="checkbox"/> Retirement Account | <input type="checkbox"/> Stocks, Bonds, Mutual Funds |
| <input type="checkbox"/> Safety Deposit Box | <input type="checkbox"/> Trust (Revocable and/or Irrevocable) | | <input type="checkbox"/> CryptoCurrency (Bitcoin, Tether, Ethereum, etc) |
| <input type="checkbox"/> Online / Virtual Banks (Chime, Venmo, Zelle, PayPal, etc) | | <input type="checkbox"/> Preloaded Debit Card (i.e. Direct Express) | |
| <input type="checkbox"/> Personal Property / High Value Collectibles | | <input type="checkbox"/> Other | |

Household Member	Company Name	Type of Asset	Current Amount	Interest/ Dividends	No Longer Have
			\$		<input type="checkbox"/>
			\$		<input type="checkbox"/>
			\$		<input type="checkbox"/>

I certify that I do not have any / any other changes of household assets.

I certify the information above is true and complete. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal law and is grounds for termination of housing assistance.

Signature of Head of Household

Date