



METROPOLITAN HOUSING ALLIANCE
Housing Choice Voucher Department, 100 S. Arch St., Little Rock, AR 72201
Phone (501) 340-4821 Fax (501) 340-4708



LOSS OF INCOME TENANT SELF-VERIFICATION

Incomplete forms will NOT be processed.

Date: _____ Time: _____ (AM /PM)

Head of Household Name (print): _____

Last 4 digits of SSN: xxx-xx _____ Phone Number: _____

Address: _____

1. Name of person with loss of income (fill out separate form if more than one):

2. What income source is changing (SSI/employer name/etc.)?

3. The new income amount from this source will be: _____

4. When will this decrease in income occur? ____/____/____

5. I am receiving or have applied for unemployment: Yes No

By signing below you are certifying that the information reported is true and that you understand that all increases of income must be reported to MHA. Not reporting an increase in income within 30 days of the increase or providing false information will result in the future termination of my housing assistance. Reporting of increases of income can be done via the drop box at 100 S. Arch St. or via fax 340-4708 or email (see caseworker list posted on door).

Tenant Signature _____