



**Arlington DHS Housing Choice Voucher Program**  
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 Arlington, VA 22204  
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[www.arlingtonva.us](http://www.arlingtonva.us)

**FAMILY REPORT OF LOSS OF HOUSEHOLD INCOME**

**Use This Form Only If You Are Reporting A LOSS Of Household Income.**

Head of Household \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

<b>1. LOSS OF INCOME: <i>You must provide proof of lost income. (Examples include letter from agency, or employer.)</i></b>			
Name of family member who lost income	Type of income lost (wages, TANF, etc.)	Amount of income lost (weekly, monthly?)	Date income stopped
<b>2. INCREASE IN ALLOWABLE EXPENSES: <i>You must provide proof of insured expenses (Examples include letter from provider, current receipts).</i></b>			
Type of expense	Amount of Increase per month	Date increase began	Date expense stopped
Childcare expenses			
Medical expenses			
Disability assistance expense			
Other Expense			
<b>3. BELOW IS AN EXAMPLE OF DOCUMENTS YOU MUST SUBMIT AS PROOF OF THE LOSS OF INCOME OR INCREASE IN ALLOWABLE EXPENSES THAT YOU ARE REPORTING.</b>			
Copies of recent pay stubs, letter from employer, or documentation of earnings and expenses.			
New or increased childcare expense including the name, address, telephone of the care provider.			
New or increased medical expenses with the name, address, telephone of the medical source of the change.			
New or increased disability assistance expense including the name, address, telephone of the care attendant for the disabled household member and the name of the disabled member.			
Notice of loss of employment from the employer.			

Other changes: (specify type of change in income) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Warning: Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction. I certify under penalty of perjury that I have supplied accurate and complete information about my household. I understand that reporting of false or incomplete information is fraud and may result in denial or termination of rental housing assistance. I realize that as Head of Household I am responsible for insuring that the information is complete and accurate for all household members.**

\_\_\_\_\_  
 Signature of Head of Household

\_\_\_\_\_  
 Date