



Change of Income

**Please complete and return to our office.
You may drop it off, fax, or email.**

Date: _____

Name: _____

Nature of Change: _____
(please explain)

Date Occurred: _____

Information needed to verify income change:

Business Name: _____

Contact Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

201A West High Street • Mount Vernon, OH 43050
(740) 397-8787 • Fax (740) 397-8226
www.knoxmha.org • kmha@knoxmha.org
An Equal Housing Opportunity Agency