

All able-bodied HCV participants are responsible for reporting, in writing, new employer changes and job loss to the Staunton Redevelopment and Housing Authority within 10 days of the change. Employment changes with the same employer, i.e. internal job promotion or pay raises, do NOT require you to complete and submit this form. This form may be submitted electronically via email or the tenant portal or in person via the drop box at the SRHA.

Fill out the **Employment Action** section **AND** either the **New Employer** or **Job Loss** section.

**EMPLOYMENT ACTION**

**New Employer** \_\_\_\_\_ **Job Loss** \_\_\_\_\_

**Household Member Name** \_\_\_\_\_

**Head of Household Name** \_\_\_\_\_ **Client ID** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**NEW EMPLOYER**

**Name of New Employer** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address of Employer** \_\_\_\_\_

**Date of Hire** \_\_\_\_\_ **Hourly Rate of Pay or Yearly Salary** \_\_\_\_\_

**No. of Hours Worked Per Week** \_\_\_\_\_

**Pay Schedule** **Weekly** \_\_\_\_\_ **Bi-Weekly** \_\_\_\_\_ **Semi-Weekly** \_\_\_\_\_ **Monthly** \_\_\_\_\_

**JOB LOSS**

**Last Date of Work** \_\_\_\_\_

**No. of Hours Worked Per Week** \_\_\_\_\_ **Hourly Rate of Pay or Yearly Salary** \_\_\_\_\_

**Did you RESIGN OR were you TERMINATED (i.e. Fired, Let Go, Redundancy)** \_\_\_\_\_

**Name of Previous Employer** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address of Employer** \_\_\_\_\_

**ANYTHING YOU WOULD LIKE THE SRHA TO KNOW?**

\_\_\_\_\_

I understand that there are penalties if I knowingly omit information or give false information. I certify that my answers on this form are correct and complete to the best of my knowledge.

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

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