



SOUTH GATE HOUSING AUTHORITY

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SELF CERTIFICATION OF INCOME STATUS AND/OR FAMILY COMPOSITION

SGHA FILE NAME: _____ TELEPHONE #: _____

I certify that the following changes have occurred to _____ as
of _____ (Person with Change ~ Persona con el cambio)
(Date of Change ~ Fecha del cambio)

I am reporting a(n) ~ Estoy reportando un(a):

- DECREASE ~ DISMINUYO
- INCREASE ~ AUMENTO
- REQUESTED DOCUMENTS ~ DOCUMENTOS SOLICITADOS

EMPLOYMENT ~ EMPLEO:

STOPPED WORKING: _____ STARTED WORKING: _____
 DEJÓ DE TRABAJAR: (Date/Fecha) EMPEZÓ A TRABAJAR: (Date/Fecha)

EMPLOYER: _____ EMPLOYER: _____
 ADDRESS _____ ADDRESS: _____
 CITY: _____ ST: _____ ZIP _____ CITY: _____ ST: _____ ZIP _____
 TELEPHONE #: _____ TELEPHONE #: _____

OTHER INCOME ~ OTROS INGRESOS:

- AFDC/CAL WORKS UNEMPLOYMENT INSURANCE SOCIAL SECURITY/SSI
- GENERAL RELIEF DISABILITY INSURANCE VETERANS AFFAIRS
- CHILD SUPPORT WORKER'S COMPENSATION PENSIONS
- OTHER _____

CHANGES IN FAMILY SIZE ~ CAMBIOS EN EL TAMAÑO DE LA FAMILIA:

- NEWBORN CHILD ~ NIÑO RECIÉN NACIDO NAME: _____
- ADOPTION/COURT AWARDED ~ ADOPCIÓN/POR CORTE NAME: _____
- FAMILY MEMBER MOVING OUT ~ MIEMBRO QUE SE MUDA NAME: _____

Explanation ~ Explicación: _____



Signature ~ Firma

Date ~ Fecha

