

INCOME CHANGE FORM – INCOME CHANGES FOR CURRENT HOUSEHOLD MEMBERS

PROVIDE COPIES OF DOCUMENTATION (IF AVAILABLE) TO VERIFY THE CHANGE(S) YOU ARE REPORTING!

Housing Authority program participants are required to report all changes within 5 days of the change. Please use this form to report any INCOME CHANGES for current household members. For household composition changes, please use the form titled "request for approval to change household composition."

Head of Household: _____ Phone: _____

1. DECREASE IN INCOME FOR CURRENT HOUSEHOLD MEMBER

- Please complete a separate copy of this form for every household member who has a decrease in income. Also provide photo copies of documentation (if available) to verify the change you are reporting. Failure to provide documentation will delay the processing of your request.

1a: Name of Household Member with Decrease: _____ SS#: _____

1b: Source of Decrease: Less money/hours at existing job (Name of Employer) _____
(Attach documentation Lost job/laid off (Name of Employer) _____
if available) Lost/decreased public assistance/benefit (Name of Source) _____
 Other decrease (Explain) _____

1c: Amount of Decrease: \$ _____ Hourly Weekly Monthly Annually Other: _____

1d: Effective Date of Decrease (month/day/year): _____

1e: Duration of Decrease: Decrease is ongoing/indefinite Decrease will end on: _____

1f: Name/Address/Phone Number where information can be verified: _____

1g: What new or supplemental income will you be applying for or receiving as a result of your decrease? If you will be applying for or receiving any additional income, please complete the section regarding increases for current family members (question 2 on the reverse side).

Unemployment Insurance Benefits (UIB) Social Security (SS)/Supplemental Security Income (SSI)
 Employment Development Department Disability Insurance (Disability) Welfare or Cash Aid
 Regular Contributions from anyone outside your household Other: _____

Date Applied: _____

Date Anticipated: _____

PLEASE SIGN AND DATE ON REVERSE SIDE OF FORM

2. INCREASE IN INCOME FOR EXISTING HOUSEHOLD MEMBER

- Please complete a separate copy of this form for every household member who has an increase in income. Also provide photo copies of documentation (if available) to verify the change you are reporting. Failure to provide documentation will delay the processing of your request.

2a: Name of Household Member with Increase: _____ SS#: _____

2b: Source of Increase: More money/hours at existing job (Name of Employer) _____
(attach documentation New job (Name of Employer) _____
if available) New/increased public assistance/benefit (Name of Source) _____
 Other increase in income (Explain) _____

2c: Amount of Increase: \$ _____ Hourly Weekly Monthly Annually Other: _____

2d: Effective Date of Increase (month/day/year): _____

2e: Duration of Increase: Increase is ongoing/indefinite Increase will end on: _____

2f: Name/Address/Phone Number where information can be verified: _____

3. NOTES - PLEASE PROVIDE ANY ADDITIONAL INFORMATION REGARDING YOUR REPORTED CHANGE: _____

Due to the volume of changes reported, it may take a long time to process your change. Once all information has been received and verified, the Housing Authority will determine whether or not your housing assistance will change. In some cases, increases or decreases may be retroactive due to a delay in reporting or processing. You will be notified in writing regarding the details of the results of your Interim Examination as soon as it has been completed.

I do hereby swear and attest that all of the listed information is true, complete, and correct, that there have been no other changes to my family composition or income.

WARNING – TITLE 18 SECTION 1001 OF THE UNITED STATES CODE STATES THAT ANY PERSON WOULD BE GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

X _____
Print Head of Household Name Signature of Head of Household Date