

CHANGE IN INCOME FORM

Housing Choice Voucher (Section 8) program participants are **REQUIRED TO REPORT ALL CHANGES WITHIN 10 DAYS** of the change. Please use this form to report any INCOME CHANGES for current household members. **FOR ANY CHANGE IN INCOME FOR CURRENT HOUSEHOLD MEMBERS, YOU MUST PROVIDE COPIES OF DOCUMENTATION (IF AVAILABLE) TO VERIFY THE CHANGE(S) YOU ARE REPORTING.**

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# last four _____

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 Bi-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 reverse side).

Employment Regular Contributions from anyone outside your household Social Security (SS) / Supplemental Security Income (SSI)

Unemployment Benefits (UIB) Welfare or Cash Aid Development Department Disability Insurance (Disability)

Other _____

Date Change Applied _____ Date Change 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# (last four) _____

2b) Source of Increase: More money/hours at existing job (Name of Employer) _____
 New job (Name of Employer) _____
 (Attach documentation if available) New/increased Public Assistance/Benefit (Name of Source) _____
 Other increase in income (Explain) _____

2c) Amount of Increase \$ _____ Hourly Weekly Bi-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. **REMARKS (PLEASE PROVIDE ANY ADDITIONAL INFORMATION REGARDING YOUR REPORTED CHANGE)**

Due to the volume of changes reported, it may take some time to process your change. Once all information has been received and verified, WNCSource 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.

Print Head of Household

Signature of Head of Household

Date

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.

CHANGE IN INCOME_REV2022