

INCOME CHANGE REQUEST FORM

HEAD OF HOUSEHOLD: _____ ENTITY ID# _____

LAST FOUR OF SOCIAL SECURITY NUMBER: XXX-XX- _____ PHONE NUMBER: _____

IMPORTANT INFORMATION:

If any applicant/participant has a change of income, the applicant/participant **must** report all changes in writing **within 15 days of when the change occurred. Please answer all applicable questions, sign and date this form. Failure to sign, date and provide necessary documentation can result in a delay in processing the request.**

If the applicant/participant reports a decrease in income, the reduction of rent will begin the first of the month after all required documents are received. The Housing Authority will not adjust your portion of rent if the change is for less than 30 days.

INCOME CHANGE:

List the person who has an income change? _____

Are you reporting a: Decrease in income Increase in income

If reporting a decrease in income:

1. List the income that is decreasing (job, cash aid, etc.): _____
2. Date the income changed: _____
3. List the name of the employer, if applicable: _____
4. Reason for the decrease: _____
5. If approved for another form of income such as cash aid, unemployment, worker's comp, etc. to replace decreasing income; list the new approved income: _____

If reporting an increase in income:

1. List the income that is increasing (job, cash aid, etc.): _____
2. Date the income changed: _____ Reason for the change: _____
3. List the name of the employer, if applicable: _____ Start date: _____

Important: You may leave this box unchecked. Check this box only **if** you want the Housing Authority to process the reported increase in income which may result in an **increase** to your portion of rent.

(The increase will be effective on the first day of the month following an HA-provided 30 day notice to the family in a current unit or will be effective at the move into a new unit, whichever is sooner.)

Please complete and attach an additional form for any other income changes besides the one listed for you or any other member of the household, if applicable.

I understand that as a member of the household, I am responsible for providing information that is true and complete. I declare under penalty of perjury that the statement I am making is true and correct.

Signature: _____ Date: _____

****Read/View the back page of this form before submitting your request****

CHECKLIST OF VERIFICATION OF DOCUMENTS TO SUBMIT WITH REPORTED INCOME

A. NO LONGER EMPLOYED

- **Letter from the employer verifying last day of employment**

B. NEW EMPLOYMENT

- **Letter from the new employer**
 1. The name, phone number, address of the company, contact person and title
 2. Hire date
 3. Hourly wage or bi-weekly/semi-monthly/ monthly gross amount, if not paid weekly
 4. Anticipated average hours worked per week
 5. Anticipated changes (if any) in employment, such as hourly wage, hours, overtime, etc.
- **All available pay stubs received**

C. INCREASE OR DECREASE IN CURRENT INCOME

- **Four (4) current consecutive pay stubs**
- **In the absence of four pay stubs, a letter, or other types of acceptable documentation from the employer which includes:**
 1. The name, phone number, address of the company, contact person and title
 2. Hire date
 3. Hourly wage or bi-weekly/semi-monthly/ monthly gross amount, if not paid weekly
 4. Anticipated average hours worked per week
 5. Anticipated changes (if any) in employment, such as hourly wage, hours, overtime, etc.
- **Unemployment or Disability Benefits printout from Employment Development Department**
- **Social Security Income award letter**
- **TANF –Current Notice of Action from Social Services Agency**

INTERIM CHANGE REQUEST TIMELINE

1. Submit your change in writing along with all required documentation to the Housing Authority within 15 days.
2. You will receive a letter from the Housing Authority acknowledging your written request
3. The assigned caseworker will review your request and will ask for any additional documents, if necessary.
4. Once all documentation is received, the assigned caseworker will process your file.
5. Please allow 4-6 weeks for requests to be completed.