

INCOME CHANGE FORM – *Income Changes for Current Household Members*

PROVIDE CURRENT ORIGINAL DOCUMENTATION (IF AVAILABLE) TO VERIFY THE CHANGE(S) YOU ARE REPORTING!

You can request changes online at our website: www.hacosantacruz.org Call the Housing Authority to get your personalized Registration Code. Click on Online Portals on the Main Menu. Select Resident Portal. After you register, select Report An Income or Family Composition Change.

Housing Authority program participants are required to report all changes within 14 days of the change. Please use this form to report any INCOME CHANGES for current household members. Please provide current original documentation of the changes you are reporting. This can speed up the processing of your adjustment. Since you are required to provide original documents, you may wish to keep a copy for your own records

Last 4
digits of
Social
Security #:

Head of Household: _____ Phone No: _____

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

1. Name of Household Member with Income Change: _____ Last 4 digits of Social Security Number: _____

2. Type of Income Change:

<input type="checkbox"/> Decrease in income	<input type="checkbox"/> Increase in Income
<input type="checkbox"/> Less money / hours at existing job	<input type="checkbox"/> More money / hours at existing job
<input type="checkbox"/> Lost job / laid off	<input type="checkbox"/> New job (provide hire date on item 4 below)
<input type="checkbox"/> Lost / decreased public assistance / benefit	<input type="checkbox"/> New / increased public assistance / benefit
<input type="checkbox"/> Other decrease (Explain) _____	<input type="checkbox"/> Other increase (Explain) _____

3. Amount of Increase or Decrease: \$_____ Hourly Weekly Monthly Annually Other: _____

4. Effective Date of Income Change (month / day / year): _____

5. Duration of Income Change: Ongoing / indefinite Income change will end on: _____

* * * * **DON'T FORGET TO SIGN PAGE 2 OF THIS FORM!** * * * *

6. Name / Address / Phone Number where Information can be Verified: _____

7. Will you be applying for or receiving any other income as a result of the change you are reporting? (If you will be applying for or receiving any additional income, please complete the section regarding increases for current family members)

Not applicable – I will not be applying for or receiving any other income as a result of the change being reported.

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: _____

8. Remember to provide current original documentation of the changes you marked above.

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. If you have an increase in household income, expect to pay an increase that is approximately 30% of your increased income.

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