



## Income Change Form

Housing Authority program participants are required to report all changes within 14 days of the change.

### Return this form with verifications

You may also report a change through our Online Portal on our website [www.hacosantacruz.org](http://www.hacosantacruz.org). Call the Housing Authority for a registration code to use the online portal.

**Head of Household:** \_\_\_\_\_ **Last 4 digits of SS:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Name of the household member experiencing a change:** \_\_\_\_\_

What Changed:	You must provide the following verification documents
<input type="checkbox"/> Lost job / laid off <input type="checkbox"/> New Job	<input type="checkbox"/> Letter from Employer stating date of termination <input type="checkbox"/> Letter from Employer stating start date, pay rate, hours worked per week, or your most recent pay stub
<input type="checkbox"/> Less money / hours at existing job  <input type="checkbox"/> More money / hours at existing job	<input type="checkbox"/> 3 consecutive pay stubs and <input type="checkbox"/> Date change went into effect <p style="text-align: center;"><i>or</i></p> <input type="checkbox"/> Letter from Employer stating pay rate, hours worked per week and date change went into effect
<input type="checkbox"/> Lost/decreased public assistance / benefit <input type="checkbox"/> New / increased public assistance / benefit	<input type="checkbox"/> All pages of the notice from the agency verifying change and effective date
<input type="checkbox"/> I am applying for or receiving any other income: <ul style="list-style-type: none"> <li>○ Unemployment</li> <li>○ Disability</li> <li>○ Social Security (SS) / Supplemental Security Income (SSI)</li> <li>○ Welfare or Cash Aid</li> <li>○ Regular Contributions from anyone outside your household</li> </ul>	<input type="checkbox"/> Award letter or Denial Letter <input type="checkbox"/> Letter from provider verifying amount and frequency. Letter should be signed, dated and include contact information of provider
Additional changes: OTHER: _____	<input type="checkbox"/> Documentation from the source of this 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 reported changes 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 and documents provided are 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