

# Income Change Packet

In order to request an interim adjustment to your rent portion, you must complete this attached form and return it with the required documentation as proof of the change within ten (10) business days of when the income change happens. Failure to report an increase in income may require you to repay money to MRHA VI.

The change will be effective on the first of the month following a full month waiting period in order to gather the necessary information and to provide a 30-day notice of your new rent portion.

Head of Household Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Last 4 of Social Security: \_\_\_\_\_

Email Address: \_\_\_\_\_

## What Type of Change:

\_\_\_\_\_ I am reporting a **Decrease (same job but amount decreased)** in household income.

(Please provide copies of at least 2 check stubs before your request will be processed.)

Name of Household Member: \_\_\_\_\_

Employer Name: \_\_\_\_\_

\_\_\_\_\_ I am reporting **New Employment.**

(Please provide copies of at least 2 check stubs before your request will be processed.)

Name of Household Member: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone Number/Fax: \_\_\_\_\_

First Day Worked: \_\_\_\_\_

\_\_\_\_\_ I am reporting the **End of Current Employment.**

Name of Household Member: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_



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**I am reporting change in other income:**

\_\_\_\_ Child Support \_\_\_\_\_  
\_\_\_\_ TANF \_\_\_\_\_  
\_\_\_\_ Social Security or SSI \_\_\_\_\_  
\_\_\_\_ Unemployment Benefits \_\_\_\_\_  
\_\_\_\_ VA Benefits \_\_\_\_\_

**This consent form expires 15 months after signed.**

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number of Head of Household \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Household Member ( 18 years old or older): \_\_\_\_\_ Date: \_\_\_\_\_

Other Household Member ( 18 years old or older): \_\_\_\_\_ Date: \_\_\_\_\_

Other Household Member ( 18 years old or older): \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring

HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide.

This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted

or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.



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