



THE HOUSING AUTHORITY OF GLOUCESTER COUNTY

INCOME CHANGE FORM

Housing Authority program participants are required to report in writing all changes in household income within 14 days of the change. Please use this form to report any INCOME CHANGES for current household members. Please provide documentation of the changes you are reporting. Documentation includes: paystubs, letter of hire, official statement of benefits, certification of employer. Please keep copies of all documents provided for your own records. Complete a separate copy of this form for every household member who has a change in income. Also, provide current documentation to verify the change you are reporting. Failure to provide current documentation will delay the processing of your request.

Head of Household: _____

Last 4 digits of Social Security #: _____

Address: _____

Phone No: _____

Name of Household Member with Income Change: _____

Last 4 digits of Social Security #: _____

Type of Income Change -check all applicable

Table with 2 columns: Decrease in Income and Increase in Income. Rows include: Less money/hours at existing job, Lost job/laid off, Lost/decrease public assistance/benefit, Other (explain), More money/hours at existing job, New Job (provide information below), New/increased public assistance benefit, Other (explain).

GROSS Amount of New Income: \$ _____ Hourly Weekly Monthly Annually Other: _____

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

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

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

Additional information Regarding the 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. The Housing Authority is unable to process a change if you fail to provide sufficient documentation supporting the change. 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.

Signature of Head of Household _____

Date: _____

