



PROCESS TO REQUEST A CHANGE IN HOUSEHOLD INCOME

AHA requires program participants to report interim changes to AHA within ten (10) calendar days of when the change occurs. Failure to comply with this requirement may result in termination of housing assistance and/or retroactive rent charges. Also, AHA is unable to accept any change in household income requests, if the income change will not last at least thirty (30) days; AHA is unable to process an interim adjustment.

- The completed **Change in Household Income Request** form, accompanied by all required verification must be submitted at an on-site management office, main office or via email to the property manager.

MANDATORY DOCUMENTATION AND VERIFICATION:

Change in Household Income Request form (see reverse side)

MANDATORY VERIFICATION, IF REPORTING A CHANGE IN EARNED (EMPLOYMENT) INCOME:

Increased or decreased household income (hours, wage or employment) attached the following:

- Paycheck stubs (only if new employer, increased or decreased employment income), or Letter on employer's letterhead listing start end date, hours worked, rate and frequency of pay.
- If the participant's employment is being reported through the "Work Number", AHA is able to obtain the necessary verification.
- ¶ Employment Termination/Separation (***pay check stubs are not an acceptable form of verification***)
- Letter on employer's letterhead indicating date of termination/separation, and anticipated return date, if applicable
- If program participants are unable to obtain the required verification, as listed above, documentation of their attempts must be provided to AHA.

Only with approved documentation of a participant's inability to obtain the mandatory verification, the **Change in Household Income Request** form may be used as a "Self-Certification" for the purpose of verifying current household income.

MANDATORY VERIFICATION, IF REPORTING A CHANGE IN UNEARNED INCOME:

- Most recent award letter from:
 - Department of Jobs and Family Services (OWF/TANF)
 - Social Security Administration Benefits
 - Worker's Compensation Benefit Statement
 - Current Pension Benefit Statement (i.e. Retirement, Veteran's Administration)
 - Child Support Court order or 12-month child support payment print-out etc.
 - General Contribution statement (must be signed by contributor)
- When reporting a change in Childcare expenses, please attached applicable verification, to include: Completed HAH expense verification form, payment receipts, or 12-month payment history print-out

**** Failure to complete the Change in Household Income Request form and submit all required mandatory verification and/or documentation will result in your interim request being canceled.***

AURORA HOUSING AUTHORITY, 1449 JERICHO CIRCLE, AURORA, ILLINOIS 60506

LOW INCOME PUBLIC HOUSING PROGRAM

Phone: (630) 701-9977 Fax: (630) 701 9974 Website: www.auroraha.com

Equal Opportunity Employer, Equal Housing Opportunities

CHANGE IN HOUSEHOLD INCOME REQUEST

Head of Household: _____ Last 4 of SSN: _____

Current Address: _____ City _____ State _____ Zip _____

Email Address: _____ Telephone Number _____

****Your request will not be processed without the below listed, required verification ****

The below income change(s) apply to the following household member? _____

Increased in household earned (employment) income (Please check all that apply):

- Increased wages
 - Increased hours
 - New employment (Provide start date of new employment _____)
- Employer Name: _____
Employer Phone: _____ Employer Fax: _____
Employer Address: _____ City: _____ State: _____ Zip _____
Hourly Rate of Pay: _____ Hours worked/week _____ overtime/hours week _____

Decrease in household earned (employment) income (Please check all that apply):

- Decreased wages
 - Decreased hours
 - Employment Termination (Date employment ended _____)
 - Leave of Absence (Date last worked _____)
 - Laid-Off (Date last worked _____ Scheduled return date _____)
- Employer Name: _____
Employer Phone: _____ Employer Fax: _____
Employer Address: _____ City: _____ State: _____ Zip _____
Hourly Rate of Pay: _____ Hours worked/week _____ overtime/hours week _____

****Please attach a copy of one of the following: current consecutive paystubs (for decreased wages/hours ONLY), letter on company letterhead, indicating end date (If applicable), rate of pay, hours worked per week and frequency of pay or HAH employment verification form completed by current or previous employer.**

Additional change(s) (Please check all that apply):

			Current Amount:	Effective Date:
<input type="checkbox"/> Child Support	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	\$ _____	_____
<input type="checkbox"/> OWT/TANF	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	\$ _____	_____
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	\$ _____	_____
<input type="checkbox"/> Pension SS or SSI	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	\$ _____	_____
<input type="checkbox"/> Regular Contributions	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	\$ _____	_____
<input type="checkbox"/> Expenses (Childcare)	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	\$ _____	_____

****Please Attached the verification to support your requested change: 12 month child support print-out or the most recent award letter for the following: OWF/TANF, State unemployment compensation, Social Security or SSI Benefits, Pension Benefits (i.e. Retirement, VA benefits etc.) Attached the following for Childcare expenses: AHA expense verification form, payment receipts, or 12-month payment history print-out.**

I certify that the current total annual household income from all sources is: \$ _____

By signing below, I have released information to AHA with regards to my household income. I am also certifying that the information provided with regards to my household income and/or expenses is true and accurate to the best of my knowledge. I understand that any false statements contained herein may result in termination of my housing assistance through the Housing Choice Voucher Program and/or retroactive rent changes.

Household member completing this form: _____

Signature: _____ Date: _____