

MORGAN COUNTY HOUSING AUTHORITY

Change of Income or Household Members Form

Please complete this form for processing of your Change of Income or Household Members request. Failure to complete the form or submit supporting documentation could result in denial and/or delay of the request.

Head of Household Name: _____ SSN#: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Email: _____ Phone No.: _____

Important: All changes in the income for any member of the Household as well as any change in the number of Household Members must be reported in writing using this form within 10 business days of the change.

When submitting a Change of Income, you **MUST** include the following:

1. Change of Income / Household Members Form (Complete the opposite side of this form)
2. Proof of any change in household income since last reported to DHA or KHA, including one or more of the following, as applicable:
 - 4 – 6 consecutive paycheck stubs
 - Letter on company letterhead indicating date of hire, rate of pay, hours per pay period and frequency of pay
 - Letter on company letterhead indicating date of separation (if you are no longer employed)
 - Unemployment benefits award letter
 - Veterans Affairs award letter
 - TANF award letter
 - Worker's Compensation benefit statement
 - SS/SSI award letter – must provide the actual award letter sent by the Social Security Administration
 - Pension statement
 - Child support court order - a 12-month child support print out or if it is not court ordered, a self-certification
 - Statement of non-wage income/support

IF REQUIRED DOCUMENTS ARE NOT PROVIDED, PROCESSING OF THE CHANGE MAY BE DELAYED

Completed forms must be submitted using one of the following methods:

- **Hand delivered, drop off or mailed to 211 S Fayette St Jacksonville, IL 62650**
- **Fax 217-245-0508**
- **Emailing your Case Manager**

Upon submission of this form, I certify that the information provided to the Morgan County Housing Authority is true and correct. I understand that giving false information may jeopardize my eligibility to receive future housing assistance. I understand that by signing this document I authorize the Housing Authority to verify all reported information, which includes comparing all reported information with information retrieved through independent sources.

INCREASE in Current Employment Income (Please check all that apply):

- Increase in Wages Increase in Hours New Employment

Family Member Name: _____ SSN#: _____

Employer Name: _____ Date of New Employment: _____

Employer Phone: _____ Name of Position: _____

Employer Address _____

Rate of pay: _____ Work Hours/week: _____ Overtime hours/week: _____ Bonus/Tips/Commission: _____

Pay Frequency: Weekly Bi-Weekly [26 pay periods/every other week] Bi-Monthly [24 pay periods/only twice a month]

LOSS Income (Please check all that apply):

- Decrease in Wages Decrease in Hours On Leave (explain) _____ No Longer Employed

Family Member Name: _____ SSN#: _____

Employer Name: _____ Date of Income Loss: _____

Employer Phone: _____ Name of Position: _____

Employer Address _____

Rate of pay: _____ Work Hours/week: _____ Overtime hours/week: _____ Bonus/Tips/Commission: _____

Pay Frequency: Weekly Bi-Weekly [26 pay periods/every other week] Bi-Monthly [24 pay periods/only twice a month]

Additional Change Amount

New Income

Child Support - Attach copy of court order or notarized letter for direct child support	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
TANF – Attach a copy of current award letter	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
Unemployment Benefits - Attach a copy of current award letter	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
SS or SSI – Attach copy of current award letter	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
Pension – Attach copy of current pension statement	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
Contributions	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
*Expenses:	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
Other:	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$

*Expenses such as childcare and medical expenses should include related document and receipts.

Comments:

The following changes to my Household composition have occurred:

ADD REMOVE

HH Member Name: _____ SSN#: _____

HH Member Name: _____ SSN#: _____

HH Member Name: _____ SSN#: _____

When Adding Household Member(s): The family is **required to provide** a birth certificate, Social Security number and guardianship/custody papers for each new addition to the household.

When Removing Household Member(s): The family is **required to provide** 2-3 documents reflecting the **permanently absent person's new address**, which can include a lease, utility bills, pay stubs, bank statements, insurance documents, school documents, or any other document as determined by MCHA.

Head of Household Signature: _____ Date: _____