



Please complete the forms specified below, pertaining to each income change.

New Employment at least one of the following must be submitted for new employment.

- Bring copy of paystubs (4-6 most recent)
- A letter stating hourly rate and hours worked per week from employer on company letterhead.

Adult of age 18 and over is enrolled as a full –time student

- Complete employment verification form if employed
- Complete full-time student verification form (if enrolled fulltime)

Minor (Under 18-year old) started working

- Bring copy of paystubs (4-6 most recent)
- A letter stating hourly rate and hours worked per week from employer on company letterhead
- Complete employment verification form. Please make sure to sign the form and to have the employer section filed out by the manager, supervisor or Human Resource person.

Social Security Benefits Amount Changes

- Provide a copy of your award letter

Stopped Working *At least one of the following must be submitted when losing a job

- Bring in letter on company letterhead stating you are no longer employed with employer or termination letter
- Complete employment verification form



The
Housing Authority
of ELGIN

- Bring letter from Unemployment Office stating amount that will be received
- If you are receiving no Income please complete Zero Income form (must complete)
- DHS Verification form (if cash received)

Working Hours Reduced or Pay Rate Decrease, at least one of the following must be submitted

- A letter stating hourly rate and hours worked per week from Employer on company letterhead
- Employment Verification Form, please make sure to sign the form and to have the employer section filed out by the manager, supervisor or Human Resource

PLEASE NOTE: Income changes may take up to 30 days to process. It is the tenants' responsibility to make payment arrangements with the landlord.

I certified and understand if the forms are NOT completed with the proper documentation my request will NOT be submitted.

SIGNATURE

DATE



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REQUEST FOR CHANGE IN INCOME

DATE: _____

HOH NAME & SSN # _____

ADDRESS: _____
(STREET)

(CITY) (ZIP CODE)

PHONE: _____ EMAIL: _____

Reason for the request **Please describe in detail what the income change is**

I have filled out the proper forms to verify the change in income and understand that I will be notified by mail of my new rent.

IF THERE IS NO (\$0) INCOME IN THE HOUSEHOLD, ZERO INCOME SELF CERTIFICATION FORMS MUST BE FILLED OUT.

I, _____ DO HEREBY UNDERSTAND THAT I MUST REPORT TO THE HOUSING AUTHORITY EVERY THREE (3) MONTHS UNTIL THERE IS AN INCOME IN THE HOUSEHOLD.

SIGNATURE DATE

Cc: Tenant
Tenant File

Phone # _____

Work # _____

CLIENT # _____

PERSONAL DECLARATION:

THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN THIS FORM CERTIFYING THE INFORMATION PERTAINING TO THEM. PLEASE PRINT HOUSEHOLD COMPOSITION. List all person(s) who will be living in your home, listing the head of household first.

ADULTS (LEGAL NAME)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	INDICATE MARRIED(M) SEPARATED(S) DIVORCED (D) YEAR:
1.				
2.				
3.				
4.				

CHILDREN NAME & SOCIAL SECURITY # (as it appears on SS card)	DATE OF BIRTH	RELATIONSHIP TO HOH	SCHOOL NAME	ABSENT PARENT'S NAME	ABSENT PARENT'S ADDRESS
1.					
2.					
3.					
4.					
5.					
6.					

If separated or divorced, list name and address of spouse/ex-spouse as follows:

Name

Address

City, State, Zip

Name

Address

City, State, Zip

TOTAL HOUSEHOLD INCOME: Total: List all money earned/unearned received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, AFDC, Veteran's Benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

LIST AMOUNTS RECEIVED BELOW:

HOUSEHOLD MEMBER	EMPLOYER	TOTAL WEEKLY WAGES	CASH/LINK	CHILD SUPPORT MONTHLY	SOCIAL SECURITY BENEFITS	UNEMPLOY. BENEFITS	ALL OTHER INCOME
1.							
2.							
3.							
4.							

ASSETS: If yes to any, list below. Do you or any household member own or have interest in any real estate, boat, and/or mobile home? ____ Have you sold any real estate in the last two years? ____
Do you own any stocks or bonds? ____
Do you have savings accounts? ____ If yes, give bank name, account numbers, and amounts below. Do you own a car? ____ Model/Year ____ Tag No. ____
Do you own a second car? ____ Model/Year ____ Tag No. ____

1. Does anyone outside of your household pay for any of your bills or give you money? YES or NO
IF YES, EXPLAIN: _____

2. Have you or any other adult members ever used any name (s) or Social Security number (s) other than the one you are using today? YES or NO
IF YES, EXPLAIN: _____

3. Have you or any member of your household ever lived in any assisted housing? YES or NO
IF YES, LIST WHERE AND WHEN: _____

4. Have you or anyone in your household ever been convicted of any crime other than traffic violations? YES OR NO
IF YES, EXPLAIN: _____

5. Have you ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? YES or NO
IF YES, EXPLAIN: _____

I, do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household, as well as any changes in the household members must be reported to the housing authority in WRITING IMMEDIATELY.

HEAD OF HOUSEHOLD	DATE	SPOUSE	DATE
OTHER ADULT	DATE	OTHER ADULT	DATE

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATE CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRADULENT STATEMENTS TO ANY DEPARTMENTS OR AGENCY OF THE UNITED STATES.