

Print Name of Head of Household: _____ Date: _____

Address: _____ Telephone: _____

Signature of HOH Participant/Applicant: X _____

I certify by my signature that all the information I have reported herein is true and complete. I have read and understand this interim change and my responsibility.

10 DAY CHANGE FORM - INCOME

Income Increases

Participants must report in writing ANY employment (even if you work for less than one day) within ten (10) calendar days of the start of the employment/paid training. You must also report ANY increase of household income within ten (10) calendar days of the date the change takes effect.

All changes NOT reported within the ten (10) calendar day reporting period WILL NOT receive a 30 day notice in the event of an increase.

If all changes are NOT reported within the ten (10) calendar day reporting period, the family may be responsible for any overpaid subsidy and may be subject to termination of their Housing Choice Voucher assistance.

Income Decreases

If the household income decreases, the family may request an Interim Reexamination of the family's household income. If the Interim Reexamination results in a decrease of the family's portion of the rent, the change will generally be effective the first day of the month following the month in which the change was reported with required documentation. All documentation must be submitted by 4:30 PM on the third Thursday of the month for the change to be effective the following month. If the change is not reported and verified by the third Thursday of the month the change will **NOT** be made for the following month, nor will the change be made retroactively upon receiving the documentation.

If you are requesting a review of your rent because you have had a change in your household income, you must provide the following documents before any change in rent can be processed. **It is your responsibility to provide us with the required documentation from a third-party source. All documents must be dated within the last 60 days.**

Please select the type of change. See specific mandatory verifications needed below.

_____ Increase in Income _____ Decrease in Income _____ Loss of Income

_____ Child Care Change _____ Medical Allowance Change

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

All employment verifications must come directly from the employer to mwatson@gonha.org or fax 317-774-0079!

INCREASED OR DECREASED HOUSEHOLD EARNED INCOME

- 4 consecutive paycheck stubs (only if new employer, increased, or decreased employment income), OR
- Letter on employer’s letterhead indicating start or end date, hours worked, rate, and frequency of pay

Name of Household Member with Income Change: _____

Hourly rate of pay: _____ Hours worked per week: _____

Is this a second job for this Member? (Y or N): _____

Name of Employer: _____ Phone Number: _____

Address of Employer: _____ Fax Number: _____

EMPLOYMENT TERMINATION/SEPARATION (paycheck stubs are NOT an acceptable form of verification)

- Letter on employer’s letterhead indicating date of termination/separation, and anticipated return date if applicable

Name of Household Member with Income Change: _____

Name of Employer: _____ Phone Number: _____

Address of Employer: _____ Fax Number: _____

MANDATORY VERIFICATION IF REPORTING A CHANGE IN UNEARNED INCOME:

- Most recent award letter from:
 - TANF
 - Social Security Administration (SSI/SS benefits)
 - State Unemployment Compensation Benefits
 - Worker’s Compensation Benefit Statement
 - Current Pension Benefit Statement (i.e. Retirement, Veteran’s Administration, etc.)
 - Child support court order OR 12-month child support payment print-out
 - Informal support statement (must be signed by contributor)

MANDATORY VERIFICATION IF REPORTING A CHANGE IN EXPENSES:

- Verification of expenses:
 - Letter from child care provider which includes the following: child’s name, provider name, address, telephone number, weekly rate for care
 - Verification of anticipated ongoing out of pocket medical expenses (does not include previous bills)

The change in rent will be processed **after** receipt of all required documents. If your rent is due and the rent change has not yet been processed, you are still responsible for your portion of the rent calculated before the rent change.

All employment verifications must come directly from the employer to mwatson@gonha.org or fax 317-774-0079!

**NHA may request additional verification when necessary.
You Must Attach ALL Documents Required or Your Request Will NOT Be Processed.**

(For Office Use Only)

Approved: YES NO **or** NO BASIS

Date **ALL** Documents Received: _____ Effective Date of Rent Change: _____

By: X _____ Date of Notice: _____
NHA Staff Member