

**10 DAY CHANGE FORM - INCOME**

**NOBLESVILLE  
HOUSING AUTHORITY**  
SERVING HAMILTON COUNTY  
320 KINGS LANE NOBLESVILLE, IN 46060  
(317) 773 – 5110      HOUSING@GONHA.ORG

**DEADLINE DATE:** \_\_\_\_\_

**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.

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**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

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

All employment verifications must come directly from the employer to [housing@gonha.org](mailto:housing@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: \_\_\_\_\_

End date of previous income (write N/A if none): \_\_\_\_\_ Start date of new income: \_\_\_\_\_

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

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- 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 [housing@gonha.org](mailto:housing@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.**

**WARNING: Section 1001 of Title XVII of the United States Code makes it a criminal offense to make willful false statement or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction. I certify that the above information is correct, and I understand that any misrepresentation will be grounds for denial or termination with the Section 8 Housing Choice Voucher Program or Public Housing Program.**

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*(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