



## Process for Requesting a Change in Household Income

North Coast Housing Connections (NCHC) requires program participants to report interim changes to NCHC 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. In addition, NCHC is unable to accept any change in household income requests, if the income change will not last **at least 30 days**; NCHC is unable to process an interim adjustment.

The completed ***Change in Household Income Request Form***, accompanied by all required verification must be received by NCHC to be processed.

### Mandatory Documentation and Verification:

- Change in Household Income Request form** (see page 2)

### Mandatory Verification, If Reporting a Change in Earned Income:

- Increased or decreased household earned income (hours, wage or employer), attach the following:
  - o Paycheck stubs (only if new employer, increased or decreased employment income), or
  - o Letter on employer's letterhead listing start end date, hours worked, rate and frequency of pay.
  - o If the participant's employment is being reported through the "Work Number," NCHC can obtain the necessary verification.
- Employment Termination/Separation (**paycheck stubs are not an acceptable form of verification**)
  - o 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 NCHC.

\* 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:
  - o Cuyahoga County Department of Jobs and Family Services (OWF/TANF)
  - o Social Security Administration (SS/SSI Benefits)
  - o State Unemployment Compensation Benefits
  - o Worker's Compensation Benefit Statement
  - o Current Pension Benefit Statement (i.e., Retirement, Veterans Administration etc.)
- Child support court order or 12-month child support payment printout
- General contributions statement (must be signed by contributor)

\* When reporting a change in childcare and/or medical expenses, please attach applicable verification to include: completed ***Expense Verification Form*** from the company, payment receipts or 12-month payment history printout.

\* ***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.***

# Change in Household Income Request Form

Head of Household: \_\_\_\_\_ 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?** \_\_\_\_\_

- Increase 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: \_\_\_\_\_

**\*\*Please attach a copy of one of the following: current consecutive paystubs, letter on company letterhead, indicating start date, rate of pay, hours worked per week and frequency of pay or NCHC employment verification form completed by employer.**

- 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: 6 weeks of 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 NCHC Employment Verification Form completed by current or previous employer.**

- | <input type="checkbox"/> <b>Additional change(s) (Please check all that apply):</b> | <b>Current Amount:</b> | <b>Effective Date:</b> |
|-------------------------------------------------------------------------------------|------------------------|------------------------|
| <input type="radio"/> Child Support Increase Decrease                               | \$ _____               | _____                  |
| <input type="radio"/> OWF/TANF Increase Decrease                                    | \$ _____               | _____                  |
| <input type="radio"/> Unemployment Compensation Increase Decrease                   | \$ _____               | _____                  |
| <input type="radio"/> Pension Increase Decrease                                     | \$ _____               | _____                  |
| <input type="radio"/> SS or SSI Increase Decrease                                   | \$ _____               | _____                  |
| <input type="radio"/> Regular Contributions Increase Decrease                       | \$ _____               | _____                  |
| <input type="radio"/> Expenses (Childcare/Medical) Increase Decrease                | \$ _____               | _____                  |

**\*Please attach the verification to support your requested change: 12-month child support printout 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.)**

**\*Attach the following for childcare or medical expenses: Company expense verification form, payment receipts or 12-month payment history printout.**

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

**By signing below, I have released information to NCHC 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 the termination of my housing assistance and/or retroactive rent charges.**

Household member completing this form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reasonable Accommodation:** If you, or any household member, have a disability that could prevent your full access to or utilization of NCHC's Housing Choice Voucher Program and any related services, you have the right to request reasonable accommodation. A reasonable accommodation may include a modification of a rule, policy, procedure or service that will assist an otherwise eligible disabled applicant or participant to make effective use of its program. If you believe you require reasonable accommodation, please contact your caseworker.