



PROCESS FOR REQUESTING A CHANGE IN HOUSEHOLD INCOME

CMHA requires program participants to report interim changes to CMHA within thirty (30) calendar days of when the change occurs in writing. Failure to comply with this requirement may result in termination of housing assistance and/or retroactive rent charges. Also, CMHA is unable to accept any change in household income requests, if the income change will not last at least thirty (30) days. In order to have a change in household income processed, participants are required to complete a **Change in Household Income Request** form.

MANDATORY DOCUMENTATION:

- Change in Household Income Request** form (see reverse side)

VERIFICATION, IF REPORTING A CHANGE IN EARNED (EMPLOYMENT) 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", CMHA does not have access to this system and will not be able to obtain the verification.
- Employment Termination/Separation (***pay check stubs are not an acceptable form of verification of employment ending***)
 - o Letter on employers 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 CMHA.

* 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.

VERIFICATION, IF REPORTING A CHANGE IN UNEARNED INCOME:

- Most recent award letter from:
 - o Hamilton 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, Veteran's Administration etc.)
 - Child support court order or 12-month child support payment print-out
 - 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 CMHA expense verification form, payment receipts, or 12-month payment history print-out.

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

HOUSING CHOICE VOUCHER PROGRAM, 1635 WESTERN AVENUE, CINCINNATI, OHIO 45214

Phone: (513) 977-5800 **Fax:** (513) 977-5858 **TDD:** (800) 750-0750 **Website:** www.cintimha.com

Equal Opportunity Employer, Equal Housing Opportunities

CHANGE IN HOUSEHOLD INCOME REQUEST

Head of Household: _____ Last 4 of SSN: _____

Current Address: _____ City _____ State _____ Zip _____

Email Address: _____ Telephone Number _____

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 _____

Attach current consecutive paystubs, letter on company letterhead, indicating start date, rate of pay, hours worked per week and frequency of pay or CMHA employment verification form completed by employer.

Decrease in household earned (employment) income (Please check all that apply):

- Decreased wages (attach 30 days of consecutive paystubs to support this change)
- Decreased hours (attach 30 days of consecutive paystubs to support this change)
- Employment Termination (Date employment ended _____) Are you applying for unemployment? _____
- Leave of Absence (Date last worked ____ Scheduled return date _____) Are you applying for unemployment? _____
- Laid-Off (Date last worked ____ Scheduled return date _____) Are you applying for unemployment? _____

Employer Name: _____

Employer Phone: _____ Employer Fax: _____

Employer Address: _____ City: _____ State _____ Zip _____

Hourly Rate of Pay: _____ Hours worked/week: _____ Overtime hours/week _____

Attach letter on company letterhead indicating end date (if applicable), rate of pay, hours worked per week and frequency of pay or CMHA employment verification form completed by current or previous employer.

Additional change(s) (Please check all that apply):

- | | | |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease |
| <input type="checkbox"/> OWF/TANF | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease |
| <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease |
| <input type="checkbox"/> SS or SSI | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease |
| <input type="checkbox"/> Regular Contributions | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease |
| <input type="checkbox"/> Expenses (Childcare/Medical) | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease |

Current Amount:

Effective Date:

\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

*Please attach the verification to support your requested change: 12 month child support print-out 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.) For Childcare or Medical expenses, please attach CMHA expense verification form, payment receipts, or 12-month payment history print-out.

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

By signing below, I have released information to CMHA 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 through the Housing Choice Voucher Program and/or retroactive rent charges.

Household member completing this form: _____

Signature _____ Date: _____