CHANGE OF STATUS FORM (Income Verification)

Please print in ink. Change of income must be reported within thirty calendar days. Failure to report changes **may result in termination of housing assistance.**

PLEASE FILL OUT	THIS PO	RTION:		🗌 I am in tl	ne moving process (Relocation).
Head of Household:	First Name	Mi	ddle Initial	Last Name	Social Security# Last (4) digits
Street Address	City	Sta	te Zıp	Code	Home or Cell Telephone #
E-Mail Address:					
	ement from			Changes will not be proc	DLLOWING INCOME: essed if required documentation is not (Allowances)
Employment	 □ Medical Expenses (Allowances) □ Requested from Specialist: □ Others: 				
 Unemployment Pension/Retirement Workfirst (AFDC) Social Security/SSI Child Care Expense 		re)		□ Others:	
Attached is: ⁽²⁾ Current check stubs (reporting <u>new or re-start</u> employment or RHA Employment Verification Form) (4) Current check stubs (reporting wages decrease only)					
	Awar	ds Letter		lowances Document	ts
Description of Income	Change:	Income I	Decrease	Incon	ne Increase
ONLY CHECK THIS PORTION IF YOU ARE REPORTING CHANGES TO YOUR EMPLOYMENT:					
within 30 calendar day receive. You should be result of your increased required verification. housing assistance pay or restart/rehire date, te	s may result e aware that d income wil Accordingly ments, the to <i>mant will sta</i>	in termination any adjustment Il be effective fro , if the tenant's enant will be obl <u>rt paying their re</u>	of your assist s to your hou om the date of delay in prov igated to repa ent portion im	ance and/or you having sing assistance payment f your change in income, iding the verification res ay this overpayment. <u>If i</u> <u>mediately.</u>	nd to provide the necessary verification to repay monies you were not entitled to and to your portion of the rent as a , not the date on which you provide the sults in the Housing Authority overpaying income is not reported within 30 days of the
Employment Status	: 🗌 Tempo	orary Employm	ent 🗌 Full-	time Part-time	Month (s) Employment
□ Resignation (Effect	ive)	Employer	
□ Termination (Effec	tive)	Employer	
\Box Returned to Work (E	Effective)	Employer	
□ Changed Jobs (Effec	tive)	□ Other	
				New Company Name	;
Old Company Name				Start Date:	
				How Often Paid:	
					WeeklySemi-MonthyMonthly26)(24)(12)
				s Code states that a per partments of the United	son is guilty of a felony for knowingly d States Government.
I hereby give Raleigh He information provided by				obtain information require	ed to perform a change based upon the
Tenant's Signature				Date	
Denied & Retu	med Rea			THORITY USE ONLY D NOTIFICATIO	N

INSTRUCTIONS FOR CHANGE OF STATUS FORM *PLEASE READ CAREFULLY *

You should complete a Change of Status form whenever there is a change of income, additions to the household, changes in your marital status, and/or employment status. Failure to report changes within 30 calendar days may result in termination of assistance and /or paying back monies you were not entitled to receive.

Income changes reflecting <u>Annual Increases</u> in a family's income must be submitted at your annual recertification. (*This will only apply to income increases, if the increase is due to a pay raise or work hours being increased.*)

It is the <u>tenant's responsibility</u> to provide Raleigh Housing Authority with all necessary verifications to process the change of status. It also the tenant responsibility to provide the name, address and phone number of their employers, if verification is not attached, your change of status will be denied and returned to you.

According to 24 CFR 960.259 & 982.551 the family <u>must</u> supply any information that the PHA or HUD determines is necessary in the administration of the program. The family <u>must</u> supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.

1. When filling out the change of status form, only mark the change you are reporting.

2. If you are reporting changes to Social Security, SSI, Child Support, or AFDC, please provide a letter showing the new amount received. For child support: 12 month computer print out from the child support office is required. Also, if you are reporting that you are no longer receiving any of the above; verification must be provided showing zero amounts.

3. When reporting an income decrease due to a change in wages or hourly pay, you must submit your (4) most recent consecutive paycheck stubs. *No Employment Verification Forms will be accepted.*

4. <u>You must report all income increase changes within Thirty (30) calendar days of your start or re-start</u> <u>date</u>. Provide copies of your (2) paycheck stubs from your new job and attach to the change of status form. If unable to provide (2) paycheck stubs within 30 days you will need to complete an Employment Verification Form (located in the main lobby or on our website) and return to our office attached to this form. All salary increases (<u>Raises</u>) must be reported at your annual recertification.

5. When separating from your employer due to lay-off, termination, disability, etc., you should provide <u>written verification</u> on company letterhead from your Human Resources or Payroll Department stating your last day employed. <u>If you are unable to obtain this information from your employer; please complete an Affidavit of No Employment Form.</u>

*****YOU ARE RESPONSIBLE FOR PAYING YOUR RENT PORTION UNTIL YOU RECEIVE A NEW RENT NOTIFICATION LETTER FROM RALEIGH HOUSING AUTHORITY ADVISING YOU OF THE NEW RENT PORTION. IN ADDITION, IF YOUR INCOME CHANGE IS NOT REPORTED IN A TIMELY MANNER, IT MAY CAUSE INCOME DISCREPANCY. ALL CHANGES NOT REPORTED IN A TIMELY MANNER WILL BE EFFECTIVE IMMEDIATELY, <u>NO 30 DAY GRACE PERIOD WILL BE GIVEN</u>. {_____ Tenant Initial}

*****If you are currently in the pre-moving process, no income or household composition changes can be made until you receive your final rent adjustment letter for the new unit. {_____Tenant Initial}

I _______ the voucher holder has read and understand the instruction above; I do understand the last lines on this document, stating that I must pay my rent until a written notice has been sent to me within 30 business days of submitting a income change.

WARNING: Section **1001** of the **Title 18** of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments of the United States Government.

Privacy Act Notice: The collection, maintenance, use, and dissemination of SSNs, EINs, any information derived from SSNs and Employer Identification Number (EINs), and income information under this subpart shall be conducted, to the extent applicable, in compliance with the Privacy Act (5 U.S.C. 552a) and all other provision of Federal, State, and Local Law.

Tenant Signature__

Date: ___