

310 N. Sixth Street DeKalb, IL 60115 Phone: 815-758-2692 Fax: 815-758-4190 www.dekcohousing.com

Change of Income Form

Due by the 20th of the month Processing dependent upon verification

Please complete the enclosed form for processing of your Change of Income (COI) request. Failure to complete the form or submit supporting documentation could result in denial and/or delay of the COI request.

When submitting a Change of Income, you MUST include the following:

- ☐ Change of Income Request Form (Back side)
- ☐ Proof of <u>any</u> change in household income since last reported to HACD;
 - A minimum of two (2) current and consecutive paycheck stubs (if change is due to increased or decreased employment income); or
 - A letter from employer indicating amount, frequency of pay and date of hire

IF ANY OF THE REQUIRED DOCUMENTS ARE NOT PROVIDED, PROCESSING OF THE CHANGE OF INCOME WILL BE DELAYED.

You may also have to include one or more of the following, if applicable:

- Letter on company letterhead indicating date of separation (if you are no longer employed)
- Unemployment benefits award letter
- Veterans Affairs award letter
- TANF award letter
- Worker's Compensation benefit statement
- SS/SSI award letter must provide the actual award letter sent by the Social Security Administration
- Pension statement
- Child support court order a 12-month child support print out or if it is not court ordered, a self-certification.
- Statement of income (you may use attached form)
 - Direct child support statement (must be signed by contributor and notarized)
 - o General contributions statement (must be signed by contributor and notarized)

Completed Change of Income forms must be submitted using one of the following methods:

- Email to your case manager
- > FAX (815) 758-4190
- Hand deliver to 310 N. 6th Street DeKalb II. 60115
- Drop off after hours in drop box at 310 N. 6th Street DeKalb II, 60115
- Mail to the following address:

Housing Authority of the County of DeKalb

Attn: Your Case Manager 310 N. 6th Street DeKalb II, 60115

Upon submission of this form, I certify that the information provided to the Housing Authority of the County of DeKalb is true and correct. I understand that giving false information may jeopardize my eligibility to receive future housing assistance. I understand that by signing this document I authorize the Housing Authority to verify all reported information, which includes comparing all reported information with information retrieved through independent sources.







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amily Member Name: SSN#: dddress: City: ST: ZIP:	Head of Household Name:	SSN#:		
Increase in Current Employment Income (Please check all that apply): Increase in Wages	Family Member Name:	SSN#:		
Increase in Current Employment Income (Please check all that apply):	Address:City:	ST:	ZIP:	
Increase in Wages	Email:	Phone No.:		
Increase in Wages				
Employer Name: Name of Position:	Increase in Current Employment Income (Please check all t	hat apply):		
Employer Phone: Name of Position: Employer Address Work Hours/wk:: Overtime hours/wk: Bonus/Tips/Commission: Pay Frequency: Weekly Bi-Weekly [26 pay periods/every other week] Bi-Monthly [24 pay periods/only twice a month] Loss of Employment Income (Please check all that apply): Decrease in Wages Decrease in Hours No Longer Employed Employer Name: Last Date of Employment: Employer Phone: Name of Position: Employer Address Other: Additional Change	☐ Increase in Wages ☐ Increase in Hours	□ New Employment		
Employer Address Work Hours/wk: Overtime hours/wk: Bonus/Tips/Commission: Pay Frequency: Weekly Bi-Weekly [26 pay periods/every other week] Bi-Monthly [24 pay periods/only twice a month] Loss of Employment Income (Please check all that apply): Decrease in Wages Decrease in Hours Last Date of Employment: Employer Name: Last Date of Employment: Employer Phone: Name of Position: Employer Address Work Hours/wk: Other: Additional Change Work Hours/wk: Other:	Employer Name:	Start Date of New Employment:		
Employer Address Work Hours/wk: Overtime hours/wk: Bonus/Tips/Commission: Pay Frequency: Weekly Bi-Weekly [26 pay periods/every other week] Bi-Monthly [24 pay periods/only twice a month] Loss of Employment Income (Please check all that apply): Decrease in Wages Decrease in Hours	Employer Phone: Name of Position:			
Rate of pay: Work Hours/wk: Overtime hours/wk: Bonus/Tips/Commission:				
Pay Frequency: Weekly Bi-Weekly [26 pay periods/every other week] Bi-Monthly [24 pay periods/only twice a month] Loss of Employment Income (Please check all that apply): Decrease in Wages Decrease in Hours No Longer Employed Employer Name: Last Date of Employment: Employer Phone: Name of Position: Employer Address Rate of pay: Work Hours/wk: Other: Additional Change New Income Amount Child Support- Attach copy of court order or notarized letter for direct child Increase Decrease \$ Support TANF - Attach a copy of current award letter Increase Decrease \$ Unemployment Benefits - Attach a copy of current award letter Increase Decrease \$ Pension - Attach copy of current pension statement Increase Decrease \$ Contributions Increase Decrease \$ Expenses: Increase Decrease \$ Expenses: Increase Decrease \$ Expenses: Increase Decrease \$ Expenses such as childcare and medical expenses should include related document and receipts.			nmission:	
Loss of Employment Income (Please check all that apply): Decrease in Wages Decrease in Hours No Longer Employed Employer Name: Last Date of Employment: Employer Phone: Name of Position: Employer Address Rate of pay: Work Hours/wk: Other: Additional Change Amount Child Support- Attach copy of court order or notarized letter for direct child support Increase Decrease \$ Support TANF - Attach a copy of current award letter Increase Decrease \$ Unemployment Benefits - Attach a copy of current award letter Increase Decrease \$ So or SSI - Attach copy of current award letter Increase Decrease \$ Pension - Attach copy of current pension statement Decrease S Contributions Decrease \$ Expenses: Decrease \$ Expenses: Decrease \$ *Expenses such as childcare and medical expenses should include related document and receipts.				
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Employer Name: Last Date of Employment:	<u>Loss</u> of Employment Income (Please check all that apply):			
Employer Address Work Hours/wk: Other: New Income Additional Change	□ Decrease in Wages □ Decrease in Hours	□ Decrease in Hours □ No Longer Employed		
Employer Address	Employer Name: Last Date of Employment:			
Additional Change Amount Child Support- Attach copy of court order or notarized letter for direct child support TANF - Attach a copy of current award letter Unemployment Benefits - Attach a copy of current award letter Increase Increase Decrease Sor SSI - Attach copy of current award letter Increase Decrease Sor SSI - Attach copy of current award letter Increase Decrease Pension - Attach copy of current pension statement Increase Decrease Contributions Increase Decrease Texpenses: Increase Decrease New Income Increase Decrease Increase Decrease Increase Decrease Texpenses: Increase Decrease Texpenses: Increase Decrease Texpenses such as childcare and medical expenses should include related document and receipts.	Employer Phone: Name of Position:			
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Unemployment Benefits - Attach a copy of current award letter	Child Support- Attach copy of court order or notarized letter for direct child	☐ Increase ☐ Decrease	\$	
SS or SSI – Attach copy of current award letter	TANF – Attach a copy of current award letter	☐ Increase ☐ Decrease	\$	
Pension – Attach copy of current pension statement	Unemployment Benefits - Attach a copy of current award letter	III III II I	\$	
Contributions	SS or SSI – Attach copy of current award letter			
*Expenses:	Pension – Attach copy of current pension statement			
Other: □ Increase □ Decrease \$ *Expenses such as childcare and medical expenses should include related document and receipts.	Contributions	- mereace	_	
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Head of Household Signature: Date:	Head of Household Signature:	Dato		



