



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 any 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)
 - 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.

>> SEE OTHER SIDE <<



THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER & EMPLOYER





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Head of Household Name: _____ SSN#: _____

Family Member Name: _____ SSN#: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Email: _____ Phone No.: _____

Increase in Current Employment Income (Please check all that apply):

☐ Increase in Wages ☐ Increase in Hours ☐ New Employment

Employer Name: _____ Start Date of New Employment: _____

Employer Phone: _____ Name of Position: _____

Employer Address _____

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 Amount

New Income

Child Support - Attach copy of court order or notarized letter for direct child support	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
TANF – Attach a copy of current award letter	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
Unemployment Benefits - Attach a copy of current award letter	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
SS or SSI – Attach copy of current award letter	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
Pension – Attach copy of current pension statement	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
Contributions	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
*Expenses:	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
Other:	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$

*Expenses such as childcare and medical expenses should include related document and receipts.

Comments:

Head of Household Signature: _____ Date: _____



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