



INVESTING IN COMMUNITIES

HOW TO SUCCESSFULLY REPORT A CHANGE IN INCOME (COI)

Program participants are required to report all changes of household income within thirty (30) days of the change by completing the attached Change of Income (COI) form and submit the required supporting documentation. **(All supporting documentation must be dated within the last 30 days).**

Acceptable forms of verification are:

<ul style="list-style-type: none"> • Employment 	2 current and consecutive paycheck stubs, offer letter from new employer indicating hire date, rate of pay, hours and frequency. Letter of separation/termination from employer indicating date employment ended.
<ul style="list-style-type: none"> • Self Employment 	Previous year's Federal and State Income Tax returns with all schedules attached.
<ul style="list-style-type: none"> • Social Security (SSA) • Supplemental Security Income (SSI) 	Current benefit award letter - log onto www.socialsecurity.gov/myaccount or you may call 1-800-772-1213 or visit your local Social Security office.
<ul style="list-style-type: none"> • Unemployment Insurance • State Disability (SDI) • Workers Compensation 	Current printout from EDD (Employment Development Department) showing the amount of the benefit, current award letter or 2 current and consecutive payment stubs.
<ul style="list-style-type: none"> • Cal Works/Cash Aid • General Assistance 	Current printout showing monthly award and members from the DHA (Department of Human Assistance).
<ul style="list-style-type: none"> • Child Support 	Current printout showing the amount of child support received. If payments are not consistent or sporadic, then submit 12 months' history of payments. If the child support is not being processed through the child support office, then you must provide a letter from the child support provider or a court judgment.
<ul style="list-style-type: none"> • Adoption Assistance 	Current statement stating the benefit amount and frequency and/or the last 2 payment stubs.
<ul style="list-style-type: none"> • Retirement Pension 	Current award letter stating the pension amount and frequency and/or the last 2 payment stubs.
<ul style="list-style-type: none"> • Cash/Gifts 	Letter from provider detailing the source, address, phone number, and amount of cash/gifts received monthly.

- Income changes that result in decreases in a Tenant Rent (TR) may be made effective the first of the following month that the change was reported and required supporting documents received.
- If the decrease of income is expected to last less than thirty (30) days or if the decrease of income is less than \$50 per month, no rent adjustment will be made (program participants are still required to report the changes in writing within thirty (30) days of the change).
- Program participants are required to pay the current Tenant Rent (TR) until the adjustment is completed and a new Subsidy Adjustment Notice (SAN) is made effective.





INVESTING IN COMMUNITIES

REPORT OF CHANGE OF INCOME (COI)

Head of Household Name _____ T-code _____ Phone # _____

CHANGE BEING REPORTED (Please check the applicable boxes):

I. INCREASE IN HOUSEHOLD INCOME

You must submit current verification of the change: i.e. 2 Current consecutive pay check stubs and/or an offer letter from your employer indicating current wage, hours assigned and hire date, and/or a current award/benefits letter received from the appropriate agency.

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME	ADDRESS OF SOURCE (street, city state & zip)	PHONE & FAX NUMBER	AMOUNT	START DATE

II. DECREASE IN HOUSEHOLD INCOME

You must submit current verification of the change: i.e. A separation or termination letter from the employer and/or a current award/benefits letter from the appropriate agency showing the change of income.

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME	ADDRESS OF SOURCE (street, city state & zip)	PHONE & FAX NUMBER	AMOUNT	END DATE

III. CERTIFICATION

I declare, under penalty of perjury, that the above information is true and complete. **WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Signature of Head of Household _____ Date _____

ALL ADULTS (18 YEARS OF AGE OR OLDER) MUST SIGN THE ATTACHED SHRA-AUTHORIZATION FOR RELEASE OF INFORMATION FORM



Sacramento Housing & Redevelopment Agency 630 I Street |, Sacramento, CA (916) 440-1390 | Fax (916) 449-1285 www.shra.org



SHRA-AUTHORIZATION FOR RELEASE OF INFORMATION

Housing Choice Voucher Program, 630 I Street, Sacramento, CA 95814

CONSENT: I authorize and direct any and all listed below to release to THE SACRAMENTO HOUSING & REDEVELOPMENT AGENCY any information or materials needed to complete and verify my application, eligibility for assistance, and continued eligibility under the Housing Choice Voucher, Mod-Rehab, Low-Income Public and Indian Housing and/or other housing assistance program(s). I understand and agree that this authorization or the information obtained pursuant to its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records of my payment history, and any violation of my lease or PHA policies.

INFORMATION COVERED: I understand that depending on program policies and requirements, previous or current information regarding my household or myself may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Credit Activity	Medical or Childcare Allowances	Residences and Rental Activity
Household Composition	Criminal Activity	Employment	Income/Assets

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individual that may be asked to release the above information (depending on program requirement), include but are not limited to:

Landlords (including Public Housing Agencies)	Past and Present Employers	Veterans Administrations	Banks and other Financial Institutions
Schools and Colleges	Welfare Agencies	Retirement Systems	Court Clerks
Medical Facilities	Credit Providers	Credit Bureaus	State Unemployment Agencies
Postal Office	Law Enforcement Agencies	Social Security Administration	Medical & Childcare Providers
Utility Companies	Foster Care Providers	Support & Alimony Providers	Workmen's Compensation Payers
Trust Funds	Department of Motor Vehicles	Support Service Providers	Insurance Agencies

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Agency may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, U.S. Postal Service, Social Security Administration, State & County welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for fifteen months from the date signed. I understand that I have a right to review my file and correct any information that I can prove is incorrect.

Signature – Head of Household

Print Name – Head of Household

Date

Signature Spouse/Co-Head

Print name Spouse/Co-Head

Date

Signature – other adult

Print Name – other adult

Date

Signature – other adult

Print Name – other adult

Date

Signature – other adult

Print Name – other adult

Date

Signature – other adult

Print Name – other adult

Date

Note: This general consent may not be used to request a copy of tax return. IRS form 4506 – “Request for Copy of Tax Form” must be prepared and signed separately.

