INCOME CHANGE REQUEST FORM

In order to request an interim adjustment to your rent portion, you must complete this attached form and return it with the required documentation as proof of the change within thirty (30) days of when the income change happens. Failure to report an increase in income may require you to repay money to MPHA.

The change **will be effective on the first of the month following a full month waiting period** in order to gather necessary information and to provide a 30-day notice of your new rent portion. For example:

- If you report a change in January, January is your reporting month
- February then is the waiting month, allowing us time to gather replacement income information and provide both you and the property owner a 30-day notice of the change
- The change will be effective March 1st

Under MPHA's Rent Reform Initiative, household members who are employed do not need to report increases in earned income. Household members who are employed may increase their earnings or get an additional job without reporting the income change until the time of their annual re-examination. However, increases in income that are not from employment and any new employment for any previously unemployed household member must be reported.

Additionally, under the Rent Reform Initiative, requests for an interim to decrease your income are limited to one per year (only one decrease in income is allowed between annual recertifications). Families can apply for a hardship waiver of this limitation under certain circumstances.

The following is a list of the required documents needed to process your interim, depending on the type of income change occurring. Failure to provide this documentation will result in a delay of the interim rent adjustment. Please attach the appropriate documentation to this form, according to what type of income change you are reporting. Please retain a copy of the fax confirmation, email transmittal, or date stamped receipt of your submitted request for your records.

Type of Income Change	Documentation Required
New job	Letter on employer's letterhead that includes - hire date, rate of pay, hours worked per pay period, or 1 to 2 paystubs
Lost job	Letter on employer's letterhead stating stop work date Unemployment award letter or unemployment denial letter
Change in MFIP/GA/MSA	Benefit statement
Change in Child Support	Benefit statement Payment history from county (if available)
Social Security	Award letter or benefit statement

INCOME CHANGE REQUEST FORM

This form WILL NOT BE ACCEPTED without the required documentation.

MUST attach the appropriate documentation to this form, according to what type of income change you are reporting (see front of form for instructions)

HOUSEHOLD INFORMATION

Head of Household Name	Last Four Digits of Social Security Number ☐☐☐☐
Address	
Email	Phone

Remember, if you are requesting a decrease in your income, you will not be able to request another decrease until your annual recertification.

INCOME CHANGES – CHECK ANY THAT APPLY

☐ Wages Increase is for a new job or job position change Decrease is for decrease in pay or loss of job	Name of Household Member	☐ Increase ☐ Decrease	New Income Amount $_____ per month
	Company Name ☐ NEW JOB	☐ STOP WORK	Company Phone
	IF YOU ARE ADDING A NEW JOB, IS THIS A 2ND JOB? ☐ **YES** ☐ **NO** If you are reporting a loss in wages, you must identify a source of replacement income: ☐ Unemployment ☐ MFIP (Welfare) ☐ Looking for work ☐ Other (specify): _____		
☐ MFIP/GA/MSA	Name of Household Member	☐ Increase ☐ Decrease	New Income Amount $_____ per month
☐ Child Support	Name of Household Member	☐ Increase ☐ Decrease	New Income Amount $_____ per month
☐ Social Security	Name of Household Member	☐ Increase ☐ Decrease	New Income Amount $_____ per month
☐ Other	Name of Household Member	☐ Increase ☐ Decrease	New Income Amount $_____ per month
	Please explain:		

I certify that the information given above is accurate and complete to the best of my knowledge and belief. I understand that providing false information is punishable under Federal and State law and is grounds for termination of my housing assistance.

Head of Household signature: _____ Date: _____