

# INCOME CHANGE FORM

City of Dubuque Housing and Community Development Department  
350 West 6<sup>th</sup> Street, Suite 312 Dubuque IA 52001  
Phone/TTY: (563) 589-4230 FAX: (563) 589-4244



## IMPORTANT INFORMATION FOR RENT CHANGES

1. Written verification must be supplied for rent changes.
2. If all required documentation is supplied by the last day of the month, decreases in rent will be processed for the 1<sup>st</sup> of the following month. However, if it's received after the check run process has started, the additional rent to landlord will not be paid until the month after the effective date of the change.
3. You are responsible for your portion of the rent until you have received notification the rent change is effective. Please communicate with your Landlord.

Head of Household: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip code \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Phone Number(s): Main: \_\_\_\_\_ Alternate: \_\_\_\_\_

### List all persons currently living in your home.

Legal Name (As on SS card)	Age
1.	
2.	
3.	
4.	
5.	

Legal Name (As on SS card)	Age
6.	
7.	
8.	
9.	
10.	

Are any members of the household age 18 or older enrolled in school?  No  Yes, please list household members name and what school they are enrolled: \_\_\_\_\_

**INCREASE of household income**

Effective date of increase in income (If employment, date hired or date started working including any training): \_\_\_\_\_

Check which document(s) you are providing to support the change:

Pay Stubs  Wage Verification form  Benefits statement  Other: \_\_\_\_\_

**DECREASE of household income**

Effective date of decrease in income: \_\_\_\_\_

1. Why is there a decrease in income? \_\_\_\_\_
2. If loss of wages, name of employer: \_\_\_\_\_
3. How long will the decrease be effective? \_\_\_\_\_

Check which document(s) you are providing to support the change:

Letter verifying the change (from employer, DHS, Social Security Administration)  
 Printout showing payments have stopped (from Child Support, for example)  
 Other \_\_\_\_\_

**CHANGE IN ALLOWED DEDUCTIONS**

Change in Child Care Expenses

Provide statement of what your portion is and how often you pay that amount. It must include the name, address and phone number of the provider

Change in Medical Expenses (Elderly or Disabled Families Only)

Provide verification of the changes in medical expenses that includes the name and address of the provider.

If you are not supplying verification of the change(s), please explain when and how they will be submitted or why you cannot provide them: \_\_\_\_\_

List **ALL** household income below (this includes minors): Please check all applicable sources of income and assets for all household members. Put the amount you receive **before any deductions (gross amount)** from each source and who receives it. **Attach additional paper if needed to report household income.**

ALL HOUSEHOLD INCOME	Amount(s) Received	Check Box for income:			Household member who receives income	How often Paid (weekly, bi-weekly, monthly)
		Increase	Decrease	Stayed Same		
Food Stamps	\$					
FIP Benefits	\$					
Child Support	\$					
Social Security	\$					
SSI	\$					
Wages/Employment	\$					
Unemployment	\$					
Veteran's Benefits	\$					
Alimony	\$					
Pension	\$					
Annuities	\$					
Family Support	\$					
Self Employed	\$					
Other: _____	\$					

**CERTIFICATIONS**

As Head or Co-Head of household, I certify all information reported to the Housing Authority is **COMPLETE, TRUE, AND CORRECT** for ALL members of this household. I also certify that any member of the household, who previously has signed a form stating that they have no income, still has **NO** income unless listed above. I also understand that as the signee for the household, I will be held responsible for the accuracy and completeness of all information given to the Housing Authority for all adult household members:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

