

INCOME CHANGE FORM

City of Dubuque Housing and Community Development Department
350 West 6th 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 1st 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 _____

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☐ **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

