



REPORT OF CHANGE OF INCOME OR FAMILY MEMBERS

Head of Household: _____ Phone #: _____

Mailing Address: _____

*THE HEAD OF HOUSEHOLD, SPOUSE OR CO-HEAD MUST SIGN THE BACK OF THIS FORM

STEP ONE: CHANGE BEING REPORTED: (Check ALL applicable boxes)

- Removing a member from the household. (Check box and complete STEP 2 below.)
- Adding a Member to the Household. (Check box and complete STEP 2 below.)
- Increase in Household Income. Name of household member who's income increased:
_____ (Check box and complete STEP 3 below)
- Decrease in household income. Name of household member who's income decreased:
_____ (Check box and complete STEP 3 below)
- Other: Clearly summarize changes in space provided below.

SUMMARY OF CHANGES – Briefly explain what changes have occurred:

STEP TWO: REMOVE/ADD HOUSEHOLD MEMBER/S: (Check the box which applies)

- Removal: Moved Out Date: _____ Household Member: _____
- Addition: Request to add to the household. **** If you are requesting to add an adult (over 18) household member please request an application from the front desk.

List the person/s you are requesting to add or remove from your household

Legal Name: _____ Date of Birth: _____	Legal Name: _____ Date of Birth: _____
Does this member have income that needs to be removed or added? <input type="checkbox"/> yes <input type="checkbox"/> no (if "yes" go to step 3, below to report the change in income)	Does this member have income that needs to be removed or added? <input type="checkbox"/> yes <input type="checkbox"/> no (if "yes" go to step 3, below to report the change in income)



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1076 N. State St., Ukiah, CA 95482

707/463-5462
Fax: 707/463-4188
TDD: (707)463-5697

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STEP THREE: INCOME CHANGES: (check all that apply)

- New Income Source
- Rate of pay/number of hours have increased or decreased (circle increase or decrease)
- Income loss (including loss of employment or the decrease of benefits.)
- New employment
- Other: _____

List below all changes of income for ALL members of the household regardless of age. This includes income changes for current household members or for a new member you are requesting to add to the household.

Name of Family Member who's income has changed	Source of Income Change or Employers Name	Amount of change	Start Date of Income (if new income source)	End Date of Income (if reporting income loss/end)

If employment income has changed please include;

Employers Name: _____ Phone # _____

Mailing Address: _____

COMMENTS: _____

READ: You must submit current verification of the change in income: i.e. check stubs reflecting the change, a current letter directly from your employer, A Termination of Employment Letter from your employer, or a current printout of benefits received from the appropriate agency. ******All supporting documentation MUST be supplied to CDC within 10 calendar days from the date you were notified of the change.** If the documentation is not supplied at the same time as the change of income form is turned in, the change will not be made effective until the first of the month following receipt of all supporting documents. All verifications must be current. CURRENT means documents are not older than 30 days from the day you turn them in to the Housing Authority

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/Spouse or Co-Head

Date