



INCOME CHANGE REQUEST –

In order to request an interim adjustment to your rent portion you must complete the attached form and return it with proof of the change – within ten (10) business days of the change. Failure to report an increase in income may require you to repay money to MPHA.

The following is a list of the required documents needed to process your interim. Failure to provide this documentation will result in a delay of the interim rent adjustment.

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 days' notice –

- EXAMPLE - 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.

NEW JOB

Letter (on employers letterhead) stating rate of pay/hours worked per pay period/hire date

LOST JOB

Letter (on employers letterhead) stating stop work date

Unemployment award letter/unemployment denial letter

GA/MFIP – START or STOP

Copy of Benefit Statement

CHILD SUPPORT – START or STOP

Benefit Statement

Copy of payment history from county (if available)

SOCIAL SECURITY

Copy of award letter or benefit statement



HOUSEHOLD INFORMATION

Head of Household Name		Social Security Number	
Address	City	State	Zip Code
Home Phone Number	Work/Cell Phone Number		

INCOME CHANGES (CHECK ANY THAT APPLY)

<input type="checkbox"/> Wages <input type="checkbox"/> Increase <input type="checkbox"/> Decrease • Name of member:	Employer Name	New Income Amount \$ _____ per month
	Address (of employer)	Phone Number (of employer)
	If you are reporting a loss in wages, you must identify a source of replacement income by selecting one of the following: <input type="checkbox"/> Unemployment <input type="checkbox"/> MFIP (Welfare) <input type="checkbox"/> Looking for work <input type="checkbox"/> Other: (Please write here)	
<input type="checkbox"/> MFIP/GA	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount: \$ _____ per month
<input type="checkbox"/> Child Support	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount: \$ _____ per month
<input type="checkbox"/> Social Security	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount: \$ _____ per month
<input type="checkbox"/> Other Income Change	Please explain the change	

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 housing assistance.

Head of Household signature: _____ Date: _____