



# CITY OF INGLEWOOD

## Housing Section 8 Program



### CHANGE IN HOUSEHOLD INCOME

The family is required to submit the following documentation to remove/decrease or add/increase income:

1. The family is required to complete a **Change of Income (COI)** form for **each action**.
2. Submit authentic documentation to **PROVE** income **STOPPED** (employer termination letter, award letter, notice of action, etc).
3. Submit 4 consecutive pay stubs if your income decreased or increased.
4. Submit Pay stub(s) received to add/increase **new** income (employer hire letter, award letter, notice of action, etc). If you don't have check stub(s) because you just started your Specialist will contact you.

<b>1. Head of Household:</b>				
<b>2. Household Member with Income Change:</b>				
<b>3. Telephone Number:</b>	Cell:	Home:		
<b>4. Effective Date of Change:</b> (Date you: started, received, or ended) <b>MUST HAVE A DATE</b>				
<b>5. Please Check Type of Income Change:</b> (Check ONE Only)	<b>DELETE</b> <input type="checkbox"/>	<b>DECREASE</b> <input type="checkbox"/>	<b>ADD</b> <input type="checkbox"/>	<b>INCREASE</b> <input type="checkbox"/>
<b>6. Type of Income:</b> (Check ONE Only)	<input type="checkbox"/> Child Support	<input type="checkbox"/> Disability	<input type="checkbox"/> Foster Pay	<input type="checkbox"/> Military Pay
	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> RSDI/SSI	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Wages
	<input type="checkbox"/> Other _____			
<b>7. Name of Employer or Agency:</b>				
<b>8. Address, City, State, Zip:</b>				
<b>9. Telephone Number:</b>				<b>10. Fax:</b>
<b>11. Rate of Pay: \$</b>				<b>12. Pay Dates:</b>
<b>13. How Often Do You Get Paid:</b> (Check ONE Only)	Weekly: <input type="checkbox"/>	-Weekly: <input type="checkbox"/>	Semi-Monthly: <input type="checkbox"/>	Monthly: <input type="checkbox"/>
<b>14. Number of Hours:</b>	Weekly: <input type="checkbox"/>	-Weekly: <input type="checkbox"/>	Semi-Monthly: <input type="checkbox"/>	Monthly: <input type="checkbox"/>
<b>15. Explain Income Change:</b>				

**16. NO PROOF, NO ADJUSTMENT TO RENT!** If the change results in a decrease in tenant rent, the effective date will be the first of the following month of the date stamped on this form. **IHA CANNOT BACKDATE FORMS AND THERE WILL BE NO RETRO ACTIVE ADJUSTMENT.** You must pay your current tenant rent until you receive a written notice from the Housing Authority reflecting the change of the Housing Assistance Payment (HAP). IHA has up to 10 business days to process your change. **Incomplete Form will be returned.**

17. Head of Household (Print Name) \_\_\_\_\_

18. Signature \_\_\_\_\_

19. Date \_\_\_\_\_

20. Housing Specialist: \_\_\_\_\_