Housing Authority of the City of Orange
Housing Choice Voucher/Public Housing Program
340 Thomas Blvd.
Orange, NJ 07050
PH: 973-677-4555/4559 FX: 973-676-9467

PROCESS FOR REQUESTING A CHANGE IN HOUSEHOLD INCOME

Orange Housing requires program participants to report income changes to OHA **within fourteen (14)** calendar days of when the change occurs. Failure to comply with this requirement may result in termination of housing assistance and/or retroactive rent charges. Also, OHA will not process household income requests if the income change **will not** last at least thirty (30) days. Please allow up to 30 days for income change request to be processed.

Complete and return the Change in Household Income Request form, accompanied by all **required** verification to OHA's Housing Office during normal business hours.

MANDATORY DOCUMENTATION AND VERIFICATION:

Change in Household Income Request form **(see reverse side)**

MANDATORY VERIFICATION, IF REPORTING A CHANGE IN EARNED INCOME:

Increased or decreased household earned income (hours, wage, or employer), **attach** the following:

- Paycheck stubs (only if new employer, increased or decreased employment income), or
- Letter on employer's letterhead listing start end date, hours worked, rate and frequency of pay.
- If the participant's employment is being reported through the "Work Number", OHA requires that you obtain the necessary verification. **(See Attached Instructions on How to Obtain Verification through the Work Number)**
- Employment Termination/Separation **(*paycheck stubs are not an acceptable form of verification*)**
- Letter on employer's letterhead indicating date of termination/separation, and anticipated return date, if applicable

If program participants are unable to obtain the required verification, as listed above, documentation of their attempts must be provided to OHA. Only with approved documentation of a participant's inability to obtain the mandatory verification, the Change in Household Income Request form may be used as a "Self-Certification" for the purpose of verifying current household income.

MANDATORY VERIFICATION, IF REPORTING A CHANGE IN UNEARNED INCOME:

Most recent award letter from: (NO OLDER THAN 30 DAYS FROM TODAY'S DATE), attach the following:

- Essex County Division of Welfare and Social Services (Child Support/TANF)
- Social Security Administration (SS/SSI benefits)
- State Unemployment Compensation Benefits
- Worker's Compensation Benefit Statement
- Current Pension Benefit Statement (i.e., Retirement, Veteran's Administration etc.)
- Child support court order or 12-month child support payment print-out
- General contributions statement **(must be signed and notarized by contributor)**
- When reporting a change in Childcare and/or Medical expenses, please attach applicable verification, to include: Completed expense verification form from the company, payment receipts, or 12-month payment history print-out.

*** Failure to complete the Change in Household Income Request form and submit all required mandatory verification and/or documentation will result in your interim request being canceled.**

Reasonable Accommodation: If you, or any household member, have a disability that could prevent your full access to or utilization of OHA's Housing Choice Voucher or Public Housing Programs and any related services, you have the right to request a reasonable accommodation. A reasonable may include a modification of a rule, policy, procedure or service that will assist an otherwise eligible disabled applicant or resident to make effect use of its programs. If you believe you require a Reasonable Accommodation, please contact the Housing Office.

CHANGE IN HOUSEHOLD INCOME REQUEST

Head of Household: _____

Last 4 of SSN: _____

Address: _____City_____State_____Zip_____

Email: _____ Telephone Number_____

****Your request will not be processed without the below listed, required verifications attached.**

** The below income change(s) apply to the following household member? _____

_____Increase in household earned (employment) income

(**Please check all that apply**): __ Increased wages ___Increased hours ____New Employment

Provide start date of new employment _____

Employer Name: _____

Employer Phone: _____

Employer Fax: _____

Employer Address: _____ City: _____State_____ Zip_____

Hourly Rate of Pay: _____

Hours worked/weekly: _____

Overtime hours/weekly_____

****Please attach a copy of one of the following: current consecutive paystubs, letter on company letterhead, indicating start date, rate of pay, hours worked per week and frequency of pay or PPHA employment verification form completed by employer.**

_____Decrease in household earned (employment) income

(Please check all that apply): ___Decreased wages ____Decreased hours ____Employment Termination

Date employment ended_____

Leave of Absence (Date last worked) _____

Laid-Off (Date last worked) _____ Scheduled return date_____

Employer Name: _____

Employer Phone: _____

Employer Fax: _____

Employer Address: _____ City: _____State_____ Zip_____

Hourly Rate of Pay: _____

Hours worked/weekly: _____

Overtime hours/weekly_____

****Please attach a copy of one of the following: 6 weeks of current consecutive paystubs (for decreased wages/hours ONLY), letter on company letterhead, indicating end date (if applicable), rate of pay, hours worked per week and frequency of pay or OHA employment verification form completed by current or previous employer.**

Additional change(s)

(Please check all that apply):

(Circle Increase or Decrease)	**Current Amount:**	**Effective Date**
_____Child Support Increase/Decrease	$_____	_____
_____OWF/TANF Increase/Decrease	$_____	_____
_____Unemployment Compensation Increase/Decrease	$_____	_____
Did you apply for Unemployment ____ Y ____N		
If so, when? _____		
_____Pension Increase /Decrease	$_____	_____
_____SS or SSI Increase /Decrease	$_____	_____
_____Regular Contributions Increase /Decrease	$_____	_____
_____Expenses (Childcare/Medical) Increase /Decrease	$_____	_____

***Please attach the verification to support your requested change: 12-month child support print-out or the most recent award letter for the following: TANF, State unemployment compensation, Social Security or SSI Benefits, Pension Benefits (i.e., Retirement, VA benefits etc.) *Attach the following for Childcare or Medical expenses: Company expense verification form, payment receipts, or 12-month payment history print-out.**

I certify that the current total annual household income from all sources is: **$_____** By signing below, I have released information to PPHA with regards to my household income. I am also certifying that the information provided with regards to my household income and/or expenses is true and accurate to the best of my knowledge. I understand that any false statements contained herein may result in the termination of my housing assistance and/or retroactive rent charges.

I further acknowledge that failure to report all sources of household income is a violation of the family obligations under the Housing Choice Voucher Program. Failure to report all sources of household income may be considered attempting to defraud a federally funded program and may result in termination from the program.

Print Name: _____

Signature_____Date: _____