

TWIN FALLS HOUSING AUTHORITY
or
THE HOUSING AUTHORITY OF THE CITY OF JEROME

CHANGE OF STATUS FORM (Income Verification)

Please print in ink. Change of income must be reported within TEN (10) days. Failure to report changes **may result in termination of housing assistance.**

PLEASE FILL OUT THIS PORTION:

Head of Household: _____
First Name Middle Initial Last Name SS# Last (4) digits

Family Member Reporting a Change: _____
(if other than head of household) First Name Last Name

Street Address City State Zip Code Home or Cell Telephone #

email: _____

**ONLY CHECK THIS PORTION
IF YOU ARE REPORTING CHANGES TO THE FOLLOWING INCOME:**

***Attach a letter or statement from the agency for verification. Changes will not be processed if required documentation is not attached.**

I'm reporting a change in:

- | | |
|--|---|
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Child Care Expenses (Allowances) |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Medical Expenses (Allowances) |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pension/Retirement | |
| <input type="checkbox"/> TANF | |
| <input type="checkbox"/> Social Security/SSI | |

Attached is: (4) current check stubs Letter from Employer (reporting no employment only)
 Awards Letter Allowances Documents

Description of Income Change: **Income Decrease** **Income Increase**

MORE INFORMATION ON NEXT PAGE

**ONLY CHECK THIS PORTION
IF YOU ARE REPORTING CHANGES TO YOUR EMPLOYMENT:**

Changes will **NOT** be processed if required documentation is incomplete or not attached. **If more than one employment change, complete another COS form for each change.** Failure to report an increase in income and to provide the necessary verification within **TEN (10) days** may result in termination of your assistance and/or you having to repay monies you were not entitled to receive. You should be aware that any adjustments to your rent as a result of your increased income will be effective from the date of your change in income, not the date on which you provide the required verification.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Resignation (Effective _____) | Employer _____ |
| <input type="checkbox"/> Termination (Effective _____) | Employer _____ |
| <input type="checkbox"/> Returned to Work (Effective _____) | Employer _____ |
| <input type="checkbox"/> Changed Jobs (Effective _____) | <input type="checkbox"/> Other _____ |

Old Company Name

New Company Name

Start Date

How Often Paid

- Weekly (52) Bi-Weekly (26) Semi-Monthly (24) Monthly (12)

WARNING: Section **1001** of the **Title 18** of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments of the United States Government.

I hereby give Twin Falls Housing Authority permission to request and obtain information required to perform a change based upon the information provided by me, which is listed above and /or attached.

Tenant's Signature _____ **Date** _____

FOR HOUSING AUTHORITY USE ONLY

Denied & Returned Reason: _____

Please come to the Housing Office and complete a new Change of Status form and bring the following information below:

(4) CURRENT CHECK STUBS (Last (4) check stubs received).

A LETTER ON COMPANY LETTERHEAD FROM YOUR FORMER EMPLOYER, HUMAN RESOURCES, OR PAYROLL DEPARTMENT STATING THE LAST DAY OF WORK.

COMPLETE AN AFFIDAVIT OF NO INCOME FORM (ATTACHED TO THIS RETURNED FORM)

OTHERS: _____

Occupancy Specialist Signature: _____ **Date** _____

INSTRUCTIONS FOR CHANGE OF STATUS FORM
***PLEASE READ CAREFULLY ***

You should complete a Change of Status form whenever there is a change of income, additions to the household, changes in your marital status, and/or employment status. Failure to report changes within 10 days may result in termination of assistance and /or paying back retroactive rents.

It is the *tenant's responsibility* to provide the Housing Authority with all necessary verifications to process the change of status. It also the tenant responsibility to provide the name, address and phone number of their employers, if verification is not attached, your change of status will be denied and returned to you.

According to 24 CFR 960.259 & 982.551 the family must supply any information that the PHA or HUD determines is necessary in the administration of the program. The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.

1. When filling out the change of status form, only mark the change you are reporting.
2. If you are reporting changes to Social Security, SSI, Child Support, or TANF, please provide a letter showing the new amount received. For child support: 12 month computer print out from the child support office is required. Also, if you are reporting that you are no longer receiving any of the above; verification must be provided showing zero amounts.
3. When reporting an income decrease due to a change in wages or hourly pay, you must submit your (4) most recent consecutive paycheck stubs. *No Employment Verification Forms will be accepted.*
4. You must report all income increase changes within ten (10) working days of your start date. You must request an Employment Verification Form and take it to your employer to complete and then return it back to our office attached to this form. *Once you receive (2) paycheck stubs from your new job; you must submit copies of your last (2) check stubs.* All salary increases must be reported within ten (10) days of occurrence using the Change of Status Form.
5. When separating from your employer due to lay-off, termination, disability, etc., you should provide written verification on company letterhead from your Human Resources or Payroll Department stating your last day employed.

*****YOU ARE RESPONSIBLE FOR PAYING YOUR RENT UNTIL YOU RECEIVE A NEW RENT NOTIFICATION LETTER FROM THE HOUSING AUTHORITY ADVISING YOU OF THE NEW RENT POSITION. {_____Tenant Initial}

I, _____, the lease holder has read and understand the instruction above; I do understand the last lines on this document, stating that I must pay my rent until a written notice has been sent to me within 30 to 60 business days of submitting a income change.

WARNING: Section 1001 of the Title 18 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments of the United States Government.

Privacy Act Notice: The collection, maintenance, use, and dissemination of SSNs, EINs, any information derived from SSNs and Employer Identification Number (EINs), and income information under this subpart shall be conducted, to the extent applicable, in compliance with the Privacy Act (5 U.S.C. 552a) and all other provision of Federal, State, and Local Law.

Tenant Signature _____ **Date:** _____