

## Reporting a Household Income Decrease

### Program Reporting Requirements:

Income decreases may be reported at any time, but must be reported by the 15<sup>th</sup> of any month to consider a decrease in your rent portion for the next month.

If 15<sup>th</sup> falls on a Friday, weekend, or holiday; packets are due the end of next business day.

Requirement to approve reported income decrease:

- Home Forward **must** be able to verify the decrease **will last more than 45-days from time complete packet is submitted AND** result in **overall decrease in current household income**.

You will be notified in writing of your new rent portion **OR** reason for delay or no change.

Below are some reasons for a delay or no change:

- **Decreases Reported after the 15<sup>th</sup>:** will be delayed at least 30-days if packet is complete.
- **Incomplete Packets:** will be delayed at least 30-days. This includes, but is not limited to, forms not complete, missing signatures/dates by all adults, verification of decrease not provided, or verification of decrease not complete.
- **If Currently Moving:** Decrease will be effective the first day of month **after** new lease starts.
- **Recertification in Process:** If your regular recertification has started, and an income decrease is reported within 60-days of the recertification effective date, any decrease approved will be effective the same date as the recertification.
- **No Change:** decrease reported does not result in decrease to current household income or documents needed for completed packet were not submitted by requested deadline.

### Instructions:

1. Complete the other side of this form to report a decrease in household income.
2. All adult household members, 18 years or older, must sign and date this form.
3. **Attach verification of decreased income**, for example, a letter from the employer stating your job has ended, the *Verification of Employment Status* completed by the employer, a notice from Oregon Employment Department that Unemployment has stopped, etc. Remember, incomplete packets will be delayed at least 30 days.
4. If the household member reporting a decrease in income now has zero income, complete a *Statement of Zero Income* and attach to this form.

**IMPORTANT: Please Complete Other Side to Report Your Household Income Decrease**

## Household Income Decrease

Head of Household Name: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Household Member(s) reporting income decrease: \_\_\_\_\_

Why did income(s) change? \_\_\_\_\_

Does the person now have zero income?  No  Yes – attach completed *Statement of Zero Income*

Will this person apply for, or have they applied for, any new benefits? If yes, check below:

Unemployment  TANF  Worker's Compensation  Other (specify) \_\_\_\_\_

### List below ALL Current Monthly Income for ALL Household Members

Income Type	Name	Amount	Name	Amount
<input type="checkbox"/> Employment/wages		\$		\$
<input type="checkbox"/> Unemployment		\$		\$
<input type="checkbox"/> SSI		\$		\$
<input type="checkbox"/> SSB/SSD		\$		\$
<input type="checkbox"/> TANF		\$		\$
<input type="checkbox"/> Child Support		\$		\$
<input type="checkbox"/> Support (family or friend)		\$		\$
<input type="checkbox"/> VA Benefits		\$		\$
<input type="checkbox"/> Other (specify)		\$		\$
<input type="checkbox"/> Other (specify)		\$		\$

### Certification: All Adults Must Sign Below

*I/We do hereby swear and attest that all of the information reported on this form is true and complete. I/We understand that Home Forward is required to verify the information that I/we have reported. I/We understand that any misrepresentation or failure to disclose information may be grounds for termination of assistance and may be punishable under Federal law.*

**WARNING:** Title 18, Section 1001 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 department or agency of the United States.

Head of Household Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse/Co-head Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Signature \_\_\_\_\_ Date \_\_\_\_\_