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Reporting a Household Income Decrease

Program Reporting Requirements:

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

If 15th 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 15th:** 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 _____

Verification of Employment Status

Program Verification Requirement:

- Home Forward is required to verify the employment status for all applicants and current participants in the federal housing programs we administer. We ask your cooperation in supplying the information requested.

Instructions:

- The human resources or personnel staff, supervisor, or accounting staff should complete this form.
- **Under no circumstances should the employee fill out this form.**
- Only complete section below that applies to employee's current status.
- If necessary, an *Authorization for the Release of Information* is attached.
- **Please print legibly. You may fax the completed form to (503) 802-8589 Attn: _____**

Employee's Full Name: _____ Social Security Number: _____

Full Address: _____

Employee's Job Title: _____ Date Employment Began: _____

1. Complete if Employee is Currently Working Regularly Scheduled Hours

Base Pay: \$ _____ Per: Hour Week Month Year Average Hours Worked per Week: _____

Do you anticipate an increase in the Base Pay within the next 12 months? Yes No New Rate: _____ Effective: _____

Do you anticipate the employee will work any overtime in the next 12 months? Yes No Rate: _____ Hours: _____

Does the employee receive tips, bonuses, or any other pay or compensation? Yes No Amount: _____ Per: _____

What were employee's gross earnings for the past 12 months? Amount: _____

2. Complete if Employee is Currently Working Irregular Hours or On-Call

Base Pay: \$ _____ Per: Hour Week Month Year Average Hours Worked per Week: _____

Total gross earnings Year-to-Date: \$ _____ As of pay period ending: _____

Total gross earnings for last 12 months: \$ _____ Anticipated earnings for the next 12 months: \$ _____

Does the employee receive tips, bonuses, or any other pay or compensation? Yes No Amount: _____ Per: _____

3. Complete if Employee is No Longer Employed

Date of termination: _____ Last day employee actually worked: _____

Is the employee on Maternity, Parental, Medical, or other leave? Yes No If yes, anticipated return to work date: _____

If yes, is employee on short/long-term disability with compensation? Yes No Amount: _____ Per: _____

Does the employee have a current or pending worker's compensation claim? Yes No

Do you anticipate re-hiring this employee? Yes No If yes, when: _____

What were employee's gross earnings for the past 12 months? Amount: _____

Name of Employer: _____

Address: _____

Name of Person Completing Form: _____ Title: _____

Signature: _____

Date: _____ Telephone: _____

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Employment Status Verification Completed: Date _____ Staff Signature: _____

Verification provided by: _____ Changes, if any: _____

STATEMENT OF ZERO INCOME

Program Reporting Requirements:

- If an adult in the household has no income at the time of a household's recertification, or when reporting a decrease in income, the *Statement of Zero Income* must be completed.

Instructions:

- Use this form to explain how the person with zero income is taking care of their basic needs.
- The head of household and adult reporting zero income must sign and date this form.

Head of Household Name (please print) _____

Adult Family Member Reporting Zero/No Income _____

CURRENT INCOME *completed by adult reporting zero income*

Do you:

- | | | |
|---|-----|----|
| work full-time, part-time, or seasonally | Yes | No |
| work for someone who pays you cash for day labor..... | Yes | No |
| own or operate a business | Yes | No |

Do you receive or expect to receive:

- | | | |
|--|-----|----|
| Unemployment Benefits | Yes | No |
| Social Security Benefits (SSB) | Yes | No |
| Social Security Disability (SSD) | Yes | No |
| Supplemental Security Income (SSI) | Yes | No |
| Temporary Assistance to Needy Families (TANF) or General Assistance (GA) | Yes | No |
| Child support or alimony | Yes | No |
| Utility assistance | Yes | No |
| Supplemental Nutrition Assistance Program (SNAP) | Yes | No |

Do you receive:

- | | | |
|--|-----|----|
| Military pay or Veteran's Benefits..... | Yes | No |
| Worker's Compensation or other disability pay | Yes | No |
| regular income from a pension/annuity/retirement account | Yes | No |
| income from assets: checking/savings account interest, certificates of deposit,
stocks/bonds, or income from rental property..... | Yes | No |
| regular income from a trust fund | Yes | No |
| financial aid for college or trade school | Yes | No |
| regular contributions from anyone or is a bill paid for you regularly by someone else | Yes | No |
| regular income from recycling bottles/cans, scrap metal, etc. | Yes | No |
| regular income from selling plasma (blood)..... | Yes | No |

Do you:

- | | | |
|---|-----|----|
| receive any regular income not listed above | Yes | No |
|---|-----|----|

Have you received a lump-sum payment (SS back pay, lawsuit settlement, inheritance, etc.) Yes No

If you answered **yes** to any of the questions above, please explain:

HOUSEHOLD EXPENSES *completed by adult reporting zero income*

Please list in table below the household expenses **you** pay each month. If no payment is made, please write "None" or put a zero. Please do not leave any item blank.

Rent:	\$	Telephone:	\$	Child Care:	\$
Electric:	\$	Cable TV:	\$	Medical:	\$
Natural Gas:	\$	Car Fuel/Maint:	\$	Credit Card Payment:	\$
Oil:	\$	Car Payment:	\$	Loan Payment:	\$
Water/Sewer:	\$	Car Insurance:	\$	Rentals:	\$
Garbage:	\$	Other Insurance:	\$	Other:	\$
Food:	\$	Personal Items:	\$	Other:	\$

BANK ACCOUNTS *completed by adult reporting zero income*

Do you have a bank or credit union account? Yes No

Bank Name _____ Account Balance _____

Bank Name _____ Account Balance _____

PERSONAL STATEMENT *completed by adult reporting zero income*

Please explain how you are providing for your needs at this current time, for example, someone else in the household is providing for you, you receive SNAP and utility assistance, you receive donations from a church or service agency, etc.:

LAST PLACE OF EMPLOYMENT *completed by adult reporting zero income*

Employer Name: _____

Employer Address: _____

Phone: _____ Employed From: _____ to _____

IMPORTANT: If the person reporting zero income receives any new income, the new income must be reported by turning in a completed *Household Income Increase* packet to Home Forward within 10 working days of the change in income.

CERTIFICATION

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.

Signature of Head of Household

Date

Signature of Adult Reporting Zero Income

Date