

Reporting a Household Income Increase

Program Reporting Requirements:

- New income for all household members who do not have countable income must be reported by completing this form and attaching verification within 10 working days of the change in income.
- A delay in reporting new income as required results in forfeiting right to 30-day notice of increase to your rent portion.
- **Please Note: If your household's regular recertification process has started, the reported increase in household income will be effective at the recertification date.**

Instructions:

- Complete the other side of this form to report new income for any household member.
- All adult household members, 18 years or older, must sign and date this form.
- **Verification of the new income being reported must be attached.**
- **Verification must be dated within the last 60 days.**
- If the household member with a new job is a full-time student, attach verification of current full-time enrollment.

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

Household Income Increase

Head of Household Name:	Last 4 digits of SSN:
Address:	
Email Address:	Current Phone:
Name of Household Member(s) with New Income: _____ _____	

New Income Type (check all that apply)	Monthly Amount	Examples of Verification (must be attached)
<input type="checkbox"/> New Job		Verification of Employment Status form, letter from employer, printed <i>Work Number Report</i>
<input type="checkbox"/> Social Security: SSB, SSD, or SSI		Social Security Award Letter
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)		Verification needed only if out-of-state benefit
<input type="checkbox"/> Unemployment Benefits		Verification needed only if out-of-state benefit
<input type="checkbox"/> Child Support		Payment History print out or contact your rent assistance coordinator to request a form
<input type="checkbox"/> Veteran's Administration (VA) Benefits		Current VA verification letter
<input type="checkbox"/> Pension/Annuity		Most recent statement of current amount
<input type="checkbox"/> Regular support from family/friend/bill payment		Written statement from person paying, or contact your rent assistance coordinator to request a form
<input type="checkbox"/> Self-employment, odd jobs, recycling, etc.		IRS Form 1040 Schedule C, or contact your rent assistance coordinator to request a form
<input type="checkbox"/> Other (please specify) _____		Written verification from source

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.

Head of Household Signature	Date
Spouse/Co-head Signature	Date
Other Adult 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: _____

Home Forward Use Only

Employment Status Verification Completed: Date _____ Staff Signature: _____

Verification provided by: _____ Changes, if any: _____