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Charlotte Housing Authority
Building Community, People & Partnerships

FAMILY INCOME CHANGE

The purpose of this form is to report changes in household income.
Please complete this form and return it to the Receptionist.

Head of Household: _____ SS#: _____

Address: _____ Phone: _____

City, State, Zip code: _____

I am reporting income changes for this family member: _____

Instructions:

ONLY complete the sections that are necessary to tell CHA how your household income has changed. Please provide copies of documentation to verify the change you are reporting (i.e. letter of hire or termination, pay stubs, benefit letter, etc.).

***The head of household must request **in writing** to add or delete household members. ***

Type of Change: Increased Income Decreased Income

Effective date of change: _____

Source of income:

- | | | |
|--|--|--|
| <input type="checkbox"/> Started working | <input type="checkbox"/> Stopped working | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Wage increase | <input type="checkbox"/> TANF/AFDC | <input type="checkbox"/> Student Status |
| <input type="checkbox"/> Change of Employment | <input type="checkbox"/> Pension | <input type="checkbox"/> Assets |
| <input type="checkbox"/> Unemployment Benefits-started | <input type="checkbox"/> Unemployment Benefits-stopped | <input type="checkbox"/> Self-employment |
| <input type="checkbox"/> SS/SSI | <input type="checkbox"/> Other: _____ | |

Name of previous employer _____

Phone _____ Fax _____ Last date of employment _____

Name of current employer _____

Phone _____ Fax _____ Date of hire _____

Comments: _____

I/We hereby certify under penalty of perjury that all the information contained in this document is true and complete to the best of my/our knowledge. I/We understand that false statements or information are punishable under Local and Federal Law and are grounds for denial of assistance, termination of assistance and termination of tenancy. **I understand that ALL changes in the income of ANY member of the household must be reported to CHA within 10 calendar days of the change.** The Housing Agency **MUST APPROVE ANY** additional household members before they reside in the unit. The head of household must request **in writing** to add any member. **Failure to comply with the rules and regulations may result in termination from the program and criminal prosecution.**

Client Signature

Date

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning any applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violations of these provision are cited as violations of 42 U.S.C. 408(f), (g) and (h).