



**Sonoma County Community Development Commission**  
 Sonoma County Housing Authority  
 1440 Guerneville Road, Santa Rosa, CA 95403-4107

## Change in Income Report One report per change

HEAD OF HOUSEHOLD: \_\_\_\_\_ Phone: \_\_\_\_\_

Whose income changed? \_\_\_\_\_ Occupancy Specialist: \_\_\_\_\_

1. **Select the box INCREASE or DECREASE. (Use one Report per change)**
2. **Include a form of VERIFICATION.**
3. **Sign and date bottom of form.**

**INCREASE - I am reporting an INCREASE in income:**

What income changed? \_\_\_\_\_ Date of change: \_\_\_\_\_

What is the reason for the change? \_\_\_\_\_

**Please sign and date below. You must include a form of VERIFICATION. See examples below. For new employment, please request an employment & wage verification form.**

**DECREASE - I am reporting a DECREASE in income:**

What income changed? \_\_\_\_\_ Date of change: \_\_\_\_\_

What is the reason for the change? \_\_\_\_\_

**Please sign and date below. You must include a form of VERIFICATION. See examples below.**

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to a Department or Agency of the U.S. as to any matter within its jurisdiction. ***I declare, under penalty of perjury, that the information above is true and complete.***

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**VERIFICATION Examples:**

- 2 Pay Stubs – increased wage
- Notice of Action from TANF
- Social Security Award
- Child Support Notice
- Veterans Administration Letter
- EDD Unemployment Letter
- EDD State Disability Letter
- Pension statement
- Military Pay Verification



Telephone (707) 565-7500  
 FAX (707) 565-7583 • TDD (707) 565-7555





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## Change in Family Composition

HEAD OF HOUSEHOLD: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Effective Date: \_\_\_\_\_ Occupancy Specialist: \_\_\_\_\_

### **I would like to add the following person(s) from my household:**

Last Name	First Name	MI	Date of Birth	Relationship	Sex	Disabled

**Do not move people into your household until they have been approved.** Additional household members are subject to approval by the Housing Authority. You will be contacted by your Occupancy Specialist for further instructions.

### **I would like to remove the following person(s) from my household:**

Last Name	First Name	MI	Date of Birth	Relationship	Sex	Disabled

### **If the person is over 18, please take this form with you and submit the form when you have the following verifications:**

A signed and dated statement from the household member with the following language:

- "I have moved out of the household, and I relinquish my rights to the voucher.  
 My new address is \_\_\_\_\_."

Verification that the person has moved out. You may provide any one of the following:

- Their new lease
- Utility bill
- Letter from household member verifying that the person lives at the residence

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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