

MetroRock Housing Connection

621 17th Avenue, East Moline, IL 61244

Change of Income or Household Conditions

Important: Income and household changes must be reported within 10 business days of the change. If you report changes late or not at all, you could owe GMAHA money or risk losing your housing assistance.

Please check a box below:

- | | |
|--|--|
| <input type="checkbox"/> I am reporting an <u>increase</u> in household income | <input type="checkbox"/> I am reporting a <u>decrease</u> in household income |
| <input type="checkbox"/> I wish to <u>add</u> a household member(s) | <input type="checkbox"/> I wish to report a <u>decrease</u> in household members |
| <input type="checkbox"/> Other (please specify) _____ | |

1. Head of Household Name (Last, First, Middle)		2. Social Security Number	
3. Address		4. Telephone Number or Contact Number	5. Email Address
Instructions: Complete <u>ONLY</u> those sections that are necessary to tell us how your household's conditions have changed. Please print clearly and provide a response for all of the numbered items in the section(s) you fill out.			
PART 1. EMPLOYMENT			
1. Household Member Name		2. Effective Date of Change	
3. Check one Box <input type="checkbox"/> Began working <input type="checkbox"/> Changed Employment <input type="checkbox"/> Wage increase <input type="checkbox"/> No longer working <input type="checkbox"/> Other change (describe)			
4. I am self-employed (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, under what name?			
5. Employer/ Company Name	6. Supervisor's Name	7. Telephone	8. Fax
9. Employer Address		City	State Zip
10. Wage rate or salary amount \$ (Check one) Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month			
11. Number of straight time hours worked per pay period:		12. Average number of overtime hours worked per week:	
PART 2. EMPLOYMENT SECURITY (Unemployment) <i>No additional forms or verifications needed</i>			
1. Household Member Name		2. Effective Date of Change	
3. Check only one box for this report <input type="checkbox"/> Receiving Unemployment <input type="checkbox"/> No longer receiving Unemployment			
4. Amount of Payment (include zero dollars if no longer receiving payments) \$			5. Number of Months of Eligibility
PART 3. Department of Social and Health Services (TANF/Supplemental SSI) <i>No additional forms or verifications needed</i>			
1. Household Member Name		2. Effective Date of Change	3. State/County
4. Check one Box <input type="checkbox"/> This household member is receiving TANF/SSI <input type="checkbox"/> This household member is no longer receiving TANF/SSI			5. Amount of Payment \$

PART 4. Social Security and Supplemental Income SSI		Provide a statement from Social Security with amount	
1. Household Member Name	2. Effective Date of Change	3. Social Security Number	
4. Change applies to (check one) <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income (SSI)			
5. Amount of Payment (put zero dollars if no longer receiving payments) \$			
6. Amount shown is a <input type="checkbox"/> Increase <input type="checkbox"/> Decrease from the amount reported previously.			
PART 5. Income from Annuities and Pensions		Please provide a current statement from financial institution or source of income.	
1. Household Member Name	2. Effective Date of Change	3. Account Number	
4. Amount of Payment (including zero dollars if no longer receiving payments) \$			
5. Amount shown is a <input type="checkbox"/> Increase <input type="checkbox"/> Decrease from the amount reported previously.			
PART 6. Zero or Other Income		If you are reporting that you have no income, complete Zero Income Checklist and Worksheet.	
1. Effective Date of Change	2. Description of income change		
3. Amount (including zero dollars if claiming zero income) \$ per (check one) <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other / Describe			
PART 7. Child Care		Provide a statement from the provider that includes any subsidy amounts and co-pays if applicable.	
1. Effective Date of Change	2. Amount of Payment \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month		
3. Name of Provider	4. Telephone	5. Fax	
6. Provider Address	City	State	Zip
PART 8. Household Composition (adding or removing household members)		See Instructions below	
New household members may not move in until they are approved by both the landlord and by the Housing Authority.			
Failure to follow this rule may result in termination from the program.			
<u>Requesting an addition to the household:</u>			
1. Provide a copy of social security card and valid driver's license or state picture ID. For children under 18, provide a copy of the birth certificate.			
2. Complete an Authorization For Criminal Record Investigation Form.			
3. Include "Release of Information" form (HUD 9886).			
<u>Removing a member from the household:</u>			
1. Provide verification of the household member's new address, such as a utility bill showing name and address.			
1. Proposed date of change	2. I wish to <input type="checkbox"/> Add <input type="checkbox"/> Remove a member from my household (check one) <input type="checkbox"/> Temporary Change <input type="checkbox"/> Permanent Change		
3. Name of member	4. Social Security No.		
5. Date of Birth	6. Place of Birth	7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
8. Race / Ethnicity	9. Relationship to Head of Household		
1. Proposed date of change	2. I wish to <input type="checkbox"/> Add <input type="checkbox"/> Remove a member from my household (check one) <input type="checkbox"/> Temporary Change <input type="checkbox"/> Permanent Change		
3. Name of member	4. Social Security No.		
5. Date of Birth	6. Place of Birth	7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
8. Race / Ethnicity	9. Relationship to Head of Household		

I, _____ (print name) hereby authorize the Greater Metro. Area Housing Authority to verify the information provided by me on this form. I understand that such verification may include contacting any or all appropriate employers, governmental agencies or individuals as identified on this form.

(This authorization is valid for a period of 90 days from the date indicated below).

Signed _____ Date _____