

Reporting a Household Income Decrease

Program Reporting Requirements:

- Decreases in income may be reported at any time, but must be reported by the 15th of any month to consider a rent change for the first of the following month.
- Decreases reported after the 15th of the month and incomplete packets will be delayed for at least 30 days.
- If you are moving, and a decrease is approved, it will take effect the first day of the month after your new lease goes into effect.
- **Please Note: If your household's regular recertification process has started, any decrease approved will be effective at the recertification date.**
- For your rent to change, the decrease must last more than 45 days from the time reported, and result in an overall decrease in household income.
- You will receive a letter from us to let you know what your new rent will be or letting you know the reason we cannot make the change.

Instructions:

- Complete the other side of this form to report a decrease in household income.
- All adult household members, 18 years or older, must sign and date this form.
- **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.
- 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: _____

Current Phone: _____

Name of Household Member(s) with Decreased Income: _____

Why did the income change? _____

Does the person(s) now have zero income? Yes—attach completed *Statement of Zero Income* No

Does the person(s) with the decrease in income plan to apply for, or have they applied for, any benefits, such as Unemployment, TANF, Worker's Compensation, etc.? Yes No

If yes, what? _____

**List OLD Monthly Income
for all household members**

check all old income below and include gross amount

- Employment \$ _____
- SSB/SSD/SSI \$ _____
- Unemployment Benefits \$ _____
- TANF \$ _____
- Child Support \$ _____
- Support from family/friend \$ _____
- Pension/Annuity \$ _____
- VA Benefits \$ _____
- Other (please specify) \$ _____

**List NEW Monthly Income
for all household members**

check all new income below and include gross amount

- Employment \$ _____
- SSB/SSD/SSI \$ _____
- Unemployment Benefits \$ _____
- TANF \$ _____
- Child Support \$ _____
- Support from family/friend \$ _____
- Pension/Annuity \$ _____
- VA Benefits \$ _____
- Other (please specify) \$ _____

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 _____