



Suisun City Housing Authority

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Housing Choice Voucher Program – Change of Income Form

Instruction: All changes must be reported within 14 calendar days. Please include written verification for every reported change. No changes will be made if verification is not submitted. See the reverse side of this page for a list of acceptable verifications.

Please note: If you are reporting a decrease, the form and verification must be in by the 20th of the month for the decrease in rent to take effect on the first of the following month.

Head of Household:	Address:
Phone Number:	E-mail:

Effective Date of Income Change: _____

Check what changed and attach the verification. See reverse side for further details of acceptable documents.

Job/Work	<input type="checkbox"/> started	<input type="checkbox"/> stopped	<input type="checkbox"/> increased	<input type="checkbox"/> decreased
Name of Employer: _____				
Address and Phone Number: _____				
Job/Work	<input type="checkbox"/> started	<input type="checkbox"/> stopped	<input type="checkbox"/> increased	<input type="checkbox"/> decreased
Name of Employer: _____				
Address and Phone Number: _____				
Child Support	<input type="checkbox"/> started	<input type="checkbox"/> stopped	<input type="checkbox"/> increased	<input type="checkbox"/> decreased
Disability/Worker’s Comp	<input type="checkbox"/> started	<input type="checkbox"/> stopped	<input type="checkbox"/> increased	<input type="checkbox"/> decreased
Social Security/SSI	<input type="checkbox"/> started	<input type="checkbox"/> stopped	<input type="checkbox"/> increased	<input type="checkbox"/> decreased
TANF/CalWORKs/cash aid	<input type="checkbox"/> started	<input type="checkbox"/> stopped	<input type="checkbox"/> increased	<input type="checkbox"/> decreased
Unemployment Benefits	<input type="checkbox"/> started	<input type="checkbox"/> stopped	<input type="checkbox"/> increased	<input type="checkbox"/> decreased
Other (specify):	<input type="checkbox"/> started	<input type="checkbox"/> stopped	<input type="checkbox"/> increased	<input type="checkbox"/> decreased

If the family member 18 years old or older now has no income, they must complete this section:

I, (print name) _____, declare that I have zero income. I understand that when I do start receiving income again, it is my responsibility to complete and submit a change of income form and verification within 14 days. I understand that my failure to comply may cause an overpayment of housing assistance and may result in repaying the housing authority and/or the termination of my family’s Section 8 participation.

Signature _____
Date

Warning: Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department agency of the U.S. The program is being administered for HUD.

Certification:

I declare, under penalty of perjury, that the above information and attached verifications to this form are true and complete.

_____ Head of Household Printed Name and Signature	_____ Date
_____ Other Adult Printed Name and Signature	_____ Date
_____ Other Adult Printed Name and Signature	_____ Date

All changes to income or household composition must be reported within 14 calendar days.

Acceptable verifications must be dated within 60 days unless otherwise noted:

- Letter from your employer on company letterhead with a description of the change and contact information
- Three (3) consecutive paystubs reflecting the change
- Benefits letter from Social Security, SSI, SSDI
- Notice of Action from TANF/CalWORKs/cash aid
- Verification of unemployment benefits, worker's comp, etc.
- Completed SCHA Self-Employer Ledger
- Three most recent months of app-based statements for freelance/self-employment/contract work (e.g. Lyft, Uber, DoorDash, etc.)
- Child support printout from past two (2) months
- Written statement from person who contributes to monthly expenses with their printed name, signature, and contact information