

Reporting a Household Income Increase or Decrease

Program Reporting Requirements:

- New income for all household members who do not have countable income must be reported by completing this form and attaching verification within 10 working days of the change in income.
- A delay in reporting new income as required results in forfeiting right to 30-day notice of increase to your rent portion.
- **Please Note: If your household's regular recertification process has started, the reported increase in household income will be effective at the recertification date.**

Instructions:

- Complete the other side of this form to report new income for any household member.
- All adult household members, 18 years or older, must sign and date this form.
- **Verification of the new income being reported must be attached.**
- **Verification of the decreased or no income being reported must be attached.**
- **Verification must be dated within the last 60 days.**
- If the household member with a new job is a full-time student, attach verification of current full-time enrollment.

Household Members		
Head of Household Name:	Last 4 digits of SSN:	
Member in Household Name:	Last 4 digits of SSN:	
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Household Income Increase/Decrease		
Head of Household Name:	Last 4 digits of SSN:	
Address:		
Email Address:	Current Phone:	
Name of Household Member(s) with New Income : _____ _____		
New Income Type (check all that apply)	Monthly Amount	Examples of Verification (must be attached)
<input type="checkbox"/> New Job		Verification of Employment Status form, letter from employer, printed <i>Work Number Report</i>
<input type="checkbox"/> Social Security: SSB, SSD, or SSI		Social Security Award Letter
<input type="checkbox"/> Unemployment Benefits		Verification needed
<input type="checkbox"/> Veteran's Administration (VA) Benefits		Current VA verification letter
<input type="checkbox"/> Pension/Annuity		Most recent statement of current amount
<input type="checkbox"/> Regular support from family/friend/bill payment		Written statement from person paying
<input type="checkbox"/> Self-employment, odd jobs, recycling, other		IRS Form 1040 Schedule C (self-employment, odd jobs, etc.), or verification form (other)
<input type="checkbox"/> Decrease of Income (please specify) _____		Written verification from source
CERTIFICATION		
<p><i>I/We do hereby swear and attest that all of the information reported on this form is true and complete. I/We understand that Saratoga Springs Housing Authority 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.</i></p>		
<p>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.</p>		
Head of Household Signature	Date	
Spouse/Co-head Signature	Date	
Other Adult Signature	Date	
Other Adult Signature	Date	

Saratoga Springs Housing Authority

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