

HOUSING AUTHORITY of the
TOWN OF BOONTON

INCOME CHANGE REQUEST

To request an adjustment to your rent portion, you must complete this attached form and return it with the supporting documentation within ten (10) days of income change.

Failure to report an increase in income within (10) days can delay your rent adjustment may require you to repay money to the Boonton Housing Authority.

Important: Failure to report all sources of income is a violation of your family obligations. Failure to report all sources of income may be considered attempting to defraud a federally funded program and may result in termination from the program.

An increase change will be effective on the first of the month following a full month waiting period in order to gather necessary information and to provide a 30-day notice of your new rent portion.

Example: • If you report an increase in January, January is your reporting month • February is the waiting month, allowing us time to gather replacement income information and provide both you and the property owner a 30-day notice of the change • The change will be effective March 1st.

If you report a decrease in total household income and provide all supporting documentation by the 20th of the month, you will no longer have a waiting month; it will be effective the following month.

The following is a list of the required documents needed to process your income change (interim), depending on the type of income change occurring.

Please attach all supporting documentation to this form, according to what type of income change you are reporting. Please retain a copy of the fax confirmation, email transmittal, or date stamped receipt of your submitted request for your records.

Type of Income Change	Documentation Required
New job(s)	Letter on employer's letterhead that includes - hire date, rate of pay, hours worked per pay period, OR 1 to 2 paystubs
Lost job	Letter on employer's letterhead stating stop work date Unemployment award letter or unemployment denial letter
Change in General Assistance or TANF	Benefit statement letter
Change in Child Support Benefit	Benefit statement Payment history from county (if available)
Social Security	Award letter or benefit statement

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This form WILL NOT BE ACCEPTED without the required documentation.
 MUST attach the appropriate documentation to this form, according to what type of income change you
 are reporting (see front of form for instructions)

HOUSEHOLD INFORMATION	
Head of Household Name	Last Four Digits of Social Security Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Address	
Email	Phone

Remember, if you are requesting a decrease in your income, you will not be able to request another decrease until your annual recertification.

INCOME CHANGES – CHECK ANY THAT APPLY			
<input type="checkbox"/> Wages Increase is for a new job or job position change Decrease is for decrease in pay or loss of job	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount <input style="width: 20px; height: 20px;" type="text"/> weekly <input style="width: 20px; height: 20px;" type="text"/> bi-weekly <input style="width: 20px; height: 20px;" type="text"/> semi-month
	Company Name <input type="checkbox"/> NEW JOB <input type="checkbox"/> STOP WORK	Company Phone	
	IF YOU ARE ADDING A NEW JOB, IS THIS A 2ND JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO If you are reporting a loss in wages, you must identify a source of replacement income: <input type="checkbox"/> Unemployment <input type="checkbox"/> MFIP (Welfare) <input type="checkbox"/> Looking for work <input type="checkbox"/> Other (specify): _____		
<input type="checkbox"/> MFIP/GA/MSA	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$ _____ per month
<input type="checkbox"/> Child Support	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$ _____ per month
<input type="checkbox"/> Social Security	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$ _____ per month
<input type="checkbox"/> Other	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$ _____ per month
Please explain:			

I certify that the information given above is accurate and complete to the best of my knowledge and belief. I understand that providing false information is punishable under Federal and State law and is grounds for termination of my housing assistance.

Head of Household Signature: _____ Date: _____