



310 N. Sixth Street  
DeKalb, IL 60115  
Phone: 815-758-2692  
Fax: 815-758-4190  
www.dekcohousing.com

# Change of Income Form

Due by the 20<sup>th</sup> of the month  
Processing dependent upon verification

Please complete the enclosed form for processing of your Change of Income (COI) request. Failure to complete the form or submit supporting documentation could result in denial and/or delay of the COI request.

**When submitting a Change of Income, you MUST include the following:**

- Change of Income Request Form (Back side)
- Proof of any change in household income since last reported to HACD;
  - o A minimum of two (2) current and consecutive paycheck stubs (if change is due to increased or decreased employment income); or
  - o A letter from employer indicating amount, frequency of pay and date of hire

**IF ANY OF THE REQUIRED DOCUMENTS ARE NOT PROVIDED,  
PROCESSING OF THE CHANGE OF INCOME WILL BE DELAYED.**

**You may also have to include one or more of the following, if applicable:**

- Letter on company letterhead indicating date of separation (if you are no longer employed)
- Unemployment benefits award letter
- Veterans Affairs award letter
- TANF award letter
- Worker's Compensation benefit statement
- SS/SSI award letter – must provide the actual award letter sent by the Social Security Administration
- Pension statement
- Child support court order - a 12-month child support print out or if it is not court ordered, a self-certification.
- Statement of income (you may use attached form)
  - o Direct child support statement (must be signed by contributor and notarized)
  - o General contributions statement (must be signed by contributor and notarized)

**Completed Change of Income forms must be submitted using one of the following methods:**

- Email to your case manager
- FAX (815) 758-4190
- Hand deliver to 310 N. 6<sup>th</sup> Street DeKalb II, 60115
- Drop off after hours in drop box at 310 N. 6<sup>th</sup> Street DeKalb II, 60115
- Mail to the following address:

**Housing Authority of the County of DeKalb**  
Attn: *Your Case Manager*  
310 N. 6<sup>th</sup> Street  
DeKalb II, 60115

*Upon submission of this form, I certify that the information provided to the Housing Authority of the County of DeKalb is true and correct. I understand that giving false information may jeopardize my eligibility to receive future housing assistance. I understand that by signing this document I authorize the Housing Authority to verify all reported information, which includes comparing all reported information with information retrieved through independent sources.*

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THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER & EMPLOYER





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*Due by the 20<sup>th</sup> of the month  
Processing dependent upon verification*

Head of Household Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Family Member Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### Increase in Current Employment Income (Please check all that apply):

- Increase in Wages                       Increase in Hours                       New Employment

Employer Name: \_\_\_\_\_ Start Date of New Employment: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Name of Position: \_\_\_\_\_

Employer Address \_\_\_\_\_

Rate of pay: \_\_\_\_\_ Work Hours/wk: : \_\_\_\_\_ Overtime hours/wk: \_\_\_\_\_ Bonus/Tips/Commission: \_\_\_\_\_

### Loss of Employment Income (Please check all that apply):

- Decrease in Wages                       Decrease in Hours                       No Longer Employed

Employer Name: \_\_\_\_\_ Last Date of Employment: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Name of Position: \_\_\_\_\_

Employer Address \_\_\_\_\_

Rate of pay: \_\_\_\_\_ Work Hours/wk: : \_\_\_\_\_ Other: \_\_\_\_\_

### Additional Change Amount

### New Income

<b>Child Support-</b> Attach copy of court order or notarized letter for direct child support	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
<b>TANF –</b> Attach a copy of current award letter	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
<b>Unemployment Benefits -</b> Attach a copy of current award letter	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
<b>SS or SSI –</b> Attach copy of current award letter	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
<b>Pension –</b> Attach copy of current pension statement	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
<b>Contributions</b>	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
<b>*Expenses:</b>	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
<b>Other:</b>	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$

\*Expenses such as childcare and medical expenses should include related document and receipts.

### Comments:

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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