



"Committed to Safe and Affordable Housing"

### Change of Income

Head of household name (Last, First)	Last Four of Social Security #	Primary phone number
Physical Address		
Mailing Address		
<input type="checkbox"/> Applicant/Waiting List <input type="checkbox"/> Current Yakima Housing Authority Client		

**Instructions: Complete this change form to report income changes to the household during the COVID-19 pandemic. Complete only the sections that apply to the change you are reporting.**

#### Income Change

Income Increase                       Income Decrease

#### Due To

- Child Support                       DSHS (TANF, GA, ABD)                       Gift or Contributions
- Labor and Industries (L&I)                       Pension or Annuity                       Social Security or SSI
- Unemployment Benefits                       V.A. Benefits                       Trust or Retirement Fund
- New Employment                       Employment Ended                       Other

Household Member	Effective Date of Change								
Employer Name, Address, Phone(if it pertains to this change)									
Old Amount \$	per	<input type="checkbox"/> Hr.	<input type="checkbox"/> Week	<input type="checkbox"/> Month	New Amount \$	per	Hr.	<input type="checkbox"/> Week	<input type="checkbox"/> Month

**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 FRAUDULET STATEMENTS TO ANY DEPARTMENT OR AGENCY IN THE UNITED STATES

I (head of household) \_\_\_\_\_, hereby self certify that the information reported is true and accurate. I am aware that providing false or misleading information is considered fraud and that providing false or misleading information could result in being evicted from the apartment or house, required to repay all overpaid rental assistance received, fined up to \$10,000, imprisoned up to five years, prohibited from receiving future assistance, and subject to state and local government penalties.

By checking this box I am signing this Change of Income Form    Date: \_\_\_\_\_