

REPORTING A CHANGE IN HOUSEHOLD INCOME

OR

ALLOWABLE DEDUCTIONS

☐ INCREASE/ DECREASE IN INCOME

- Employment: If paid weekly four(4) most current, consecutive pay stubs, paid bi-weekly two (2) most current consecutive paystubs, or a letter from your employer (on letterhead) reporting your date of hire, rate of pay, how often you are paid, and how many hours you will work each pay period.
 - New employment must be reported to CCDH within 10 business days of hire, not first pay date.
- Employment Termination/Separation (***pay check stubs are not an acceptable form of verification***) Letter on employer's letterhead indicating date of termination/separation, and anticipated return date, if applicable signed by supervisor or manager with their contact information.
- Child Support: A print-out from the child support office containing last twelve (12) full months. If paid directly statement from the Payee, containing: Payee Name, Address, Phone number, Email if available, and how much they pay and frequency (Ex: weekly, monthly).
- Social Security Administration: SS/SSI benefit letter not dated older than 60 days.
- KTAP/TANF Benefit letter documenting the amount of benefit and frequency you receive it, and effective date.
- Current Pension Benefit Statement (i.e. Retirement, Veteran's Administration etc.) benefit letter not dated older than 60 days .
- General contribution statement any money or contribution provided on behalf of the household, whether paid directly to a family member or to a service provider (i.e. towards rent, utilities, car insurance, regular household expenses, etc. (must be signed by contributor) Contributor Name, Address, Phone number, Email if available, and how much they pay and frequency (Ex: weekly, monthly).

☐ ALLOWABLE DEDUCTIONS (if applicable)

- A letter from your child care provider that states the name(s) of the child(ren) for whom you pay child care, the amount you pay, and the frequency you pay. The service provider must certify that you are not being reimbursed by another party for the expense.
- A print out from your pharmacy/ medical provider showing the amount of unreimbursed out-of-pocket expense you have paid for prescriptions or services. The report should show your expense history for the past year.

Please **write the change** you wish to report below. You must list the **type of change** (new job, lost job, no child support in 30 days, began receiving SSI benefits, etc.), as well as **the date the change took effect**, the **amount of the change** (earning \$10.00 per hour, began receiving \$186.00 per month in KTAP, paying \$40.00 per month for prescriptions), **and you must attach documentation of the change to this form**. When you report the information below and sign and date this form, you are certifying it is true, correct, and complete to the best of your knowledge. The family must report changes in income within 10 business days of the change. If a change in circumstances results in the family's ineligibility for a previously eligible deduction, the family is required to report the change within 10 business days.

By signing below, I give my permission to any agency, entity, or business contacted by Campbell County Department of Housing (CCDH) to release requested information for the purpose of determining my family's eligibility for housing assistance payments. The United States Department of Housing and Urban Development requires CCDH to obtain information regarding income, assets, and out-of-pocket medical and child care expenses.

Head of Household Signature: _____ **Date:** _____

Signature of Other Adult (if applicable): _____ **Date:** _____

Phone: _____ **Email:** _____

Changes that may cause a decrease in your tenant rent must be reported by the 25th of the month in order to take effect the following month. If you fail to provide the information required to document the change it will delay the PHA's ability to timely review and process the information you have reported. The PHA will notify you in writing or email if additional information and or documentation is needed.

If you have any questions regarding reporting your change you may contact CCDH at:

**Campbell County Department of Housing
1098 Monmouth Street Room 235
Newport, KY 41071**

Phone: 859.261.5200 TTY/TDD: (800) 545-1833 x 947 Fax: 859.261.0577

Email: hgeneral@campbellcountky.gov

Changes may be reported in person during normal business hours of Monday- Friday 8:30 a.m.- 4:30 p.m.
by mail, email or fax.

If you have questions regarding the policies, procedures, and regulations of the Campbell County Department of Housing please reference the agency's Administrative Plan at www.campbellcountky.gov. If you are disabled and as a result of your disability you require a change in how CCDH communicates, presents information, or a change in venue for appointments, you may submit a request for a reasonable accommodation. We will review your request and respond within 10 business days. You have the right to request an interpreter. If negative action has been taken against an applicant or participant by the PHA in a circumstance where the Violence Against Women's Act (VAWA) should be considered, please notify the PHA of your concerns to determine whether a review is in order. If this is a notice of denial or termination of assistance, A CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING reporting form is enclosed.

