

Orange County Housing Authority

1501 E. St. Andrew Place • Santa Ana, CA 92705
(714) 480-2700 • California Relay Service (800) 735-2929
<http://www.ochousing.org>

FAMILY INCOME CHANGE

The purpose of this form is to report changes in household income.
Please complete this form and return it to your **Occupancy Specialist**.

Attn: _____ (Occupancy Case Worker)

Head of Household: _____ Tenant ID: _____

Last 4 of SSN: _____ Phone #: _____

Address: _____

Instructions:

ONLY complete the sections that are necessary to tell OCHA how your household income has changed.
Please provide copies of documentation to verify the change you are reporting (i.e. letter of hire or termination, pay stubs, benefit letter, etc.).

I am reporting income changes for this family member: _____

Type of Change: Increased Income Decreased Income

Effective date of change: _____

Source of income:

- | | | |
|---|--|---|
| <input type="checkbox"/> Started Working | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Stopped Working | <input type="checkbox"/> Welfare | <input type="checkbox"/> Student Status |
| <input type="checkbox"/> Wage Increase | <input type="checkbox"/> Pension | <input type="checkbox"/> Assets |
| <input type="checkbox"/> Change of Employment | <input type="checkbox"/> Self-employment | <input type="checkbox"/> Other: _____ |

Comments: _____

Warning: It is unlawful to "knowingly and willfully" make any "materially false, fictitious, or fraudulent statements or representation" to a federal agency. Violations can be punished under Section 2 of the False Statements Act by a fine and/or imprisonment of not more than 5 years. [18 U.S.C. § 1001]

I declare, under penalty of perjury under the laws of the United States of America and the State of California, that the information above is true, correct, and complete.

Head of Household Signature

Date