

TENANT CHANGE REPORT FORM for INCOME

ALL changes must be reported in writing within TEN (10) days of the date of the change:

- COMPLETE THIS FORM AND ATTACH DOCUMENTATION COMPLETED BY YOUR EMPLOYER!
- For ALL other income changes, you MUST attach a letter of documentation for this change.
EXAMPLES: Social Security Benefit Verification letter, TANF award letter, 1 year Child Support print out, or any other letter from an agency that supports the change you are reporting.
- Emails, voicemails, or phone calls are not accepted as proof of change.

Date: ___/___/___

Print the Name of the Head of Household: _____

Social Security Number of the Head of Household: _____

Phone Number _____ Email _____

Address: _____

INCOME:

CHOOSE ONE: New Increase Decrease Terminated Laid Off Medical/Maternity Leave

Name of Household member whose income changed: _____

Employer name: _____

Type of income change: Wages Child Support Social Security Retirement TANF

Other: _____

If you are reporting a job end, do you plan on applying for Unemployment? Yes No

FOR CHANGES IN EMPLOYMENT, the attached form must be used. Please have your employers complete this form and FAX back to us at the number listed on the form.



- The effective date for any reduction in your portion of the rent will be after all documentation is received.
- Failure to return the completed Tenant Change Form with required documentation will result in a FORFEIT of the 30-DAY NOTICE for an increase in your rent portion.
- Failure to report changes and provide required documentation may result in your household owing Sioux Falls Housing & Redevelopment (SFHRC) back rent.



Instructions for Completing This Form

The U.S. Department of Housing & Urban Development (HUD) places a high priority on preventing FRAUD. Fraud is providing false or incomplete information. Providing false or incomplete information will result in all applicable penalties being applied.

ALL changes must be reported in writing within TEN (10) days of the date of the change. See the list below for what documentation is needed for the change you are reporting.

ATTACH DOCUMENTATION OF THIS CHANGE TO THIS FORM **BEFORE** YOU TURN IT IN!

Types of income change documentation:

New Job: Documentation from the employer is required. The attached Wage Verification Form is preferred but you may also obtain a letter from your employer on their letterhead with the following information: **Employer Name, Employer Address, Employer Phone, employment start date, your wages per hour and the number of hours you will be scheduled to work each week.**

Increase or Decrease in Job Salary or number of Hours worked: Documentation from the employer is required. The attached Wage Verification Form is preferred. However, you may provide a letter from your employer, on their letterhead, that describes the change in salary or hours worked. (Example: pay raise, part-time to full-time hours, etc.) It must be stated that **this change is expected to last for 30 days or more.** (Example: missing work for a few days due to illness would not qualify as a change for this purpose)

Job Termination: Documentation from the employer is required. The attached Wage Verification Form is preferred but you may also obtain a letter from your employer that indicates the date of termination and whether it is permanent or temporary. If temporary, the return-to-work date must be provided.

Social Security or Retirement/Pension Benefits: Please provide an award letter or other formal documentation that shows the change of income as well as the date the change will take place. This documentation must be dated within the last 60 days. *Note: Cost of Living Increases only need to be reported at the time of your Annual Recertification.

S drive, HCV, forms, Income Verification, tenant report form



Equal Housing Opportunity
Equal Housing Employer



WAGE VERIFICATION FORM

PLEASE RETURN TO: Sioux Falls Housing – FAX: (605) 339-9305

I AUTHORIZE THE RELEASE OF THIS INFORMATION TO: SIOUX FALLS HOUSING & REDEVELOPMENT COMMISSION.

EMPLOYEE NAME (printed): _____ EMPLOYEE SSN: _____

EMPLOYEE SIGNATURE: _____

Please complete all applicable sections below for the above-mentioned employee.

For NEW Employment, please complete this section:

Date Employment began on: ____/____/____

They will work approximately ____ hours per week at \$ _____ per hour.

Is employment under the Workforce Investment Act (WIA)?

No Yes - On the Job Training Yes-Work Experience

For ONGOING Employment, please complete this section:

Provide pay information for their **MOST RECENT TWO MONTHS** -or- attach payroll records or paystubs.

Pay date: ____/____/____ ____/____/____ ____/____/____ ____/____/____

Gross Earnings for pay period: \$ _____ \$ _____ \$ _____ \$ _____

Has the employee had an **increase or decrease** in hours or pay recently? Yes No

Effective date of change: _____

For Employment that has **STOPPED** for any reason, please complete this section:

Last Day of Employment: ____/____/____

Please complete if the following applies:

For Medical/Maternity Leave of Absence: Will the employee be paid or receive short-term disability payments?

No Yes – Gross pay per check during leave: \$ _____ For how long? _____

****If employment was a layoff, temporary suspension, or medical/maternity leave, please indicate the date you anticipate having the employee report back to work: ____/____/____

THIS FORM MUST BE COMPLETED BY AN AUTHORIZED INDIVIDUAL AT PLACE OF EMPLOYMENT

Company Name: _____ Phone: _____ Fax: _____

Name of person completing form: _____ Position/Title: _____

Signature: _____ Date: ____/____/____

