

# Washington County CDA Online Notice of Income Change

Head of Household Name: \_\_\_\_\_

Address of Unit: \_\_\_\_\_  
 \_\_\_\_\_

Date this form completed: \_\_\_\_\_

By completing this form and returning it to the CDA you are notifying the CDA of a change in income. Please complete this form and send it back to the CDA with all proof of changes attached. The Head of Household's name should be written on each item that you are sending as proof so that all documents are kept together. Typing the adult household member's name under the signature section will be considered an electronic signature.

**To complete the change**, please provide the documentation that is applicable to your case, such as:

- Copy of last paycheck
- Proof you are no longer self-employed or employed.
- Proof you are no longer driving for Uber, Lyft or other driving service
- Unemployment application and results, denial or amount any member of your household will receive.

**The CDA will also need the following information:**

	YES	NO
1. Is any member of your household employed, full-time, part-time or seasonally?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is any member of your household self-employed?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does any member of your household expect to work for any period during the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does any member of your household work for someone for cash?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is any member of your household on leave of absence from work due to lay-off, medical? maternity or military leave?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does any member of your household receive or expect to receive unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/>
When will you apply for benefits (DATE): _____		
When do you expect to start receiving benefits (DATE): _____		
Include any unemployment documents in the return package.		
7. Does any member of your household receive or expect to receive workers compensation benefits?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does any member of your household receive or expect to receive money from babysitting, childcare services, cleaning, driving services, selling items, hair care services, Uber, Lyft, recycling, gambling, handyman services, income from overseas, begging or panhandling, selling blood products or any other source?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is any member of your household being paid to provide care to disabled member of the household?	<input type="checkbox"/>	<input type="checkbox"/>
10. If yes to #9, are they paid through a grant?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does any member of your household receive or expect to receive cash assistance such as MFIP, GA and/or MSA?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does any member of your household receive or expect to receive a Housing Assistance Grant?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does any member of your household receive or expect to receive a Food Support grant?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does any member of your household receive or expect to receive Social Security Benefits and/or SSI?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does any member of your household receive or expect to receive income from a pension or annuity?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does any member of your household receive income from assets including interest on checking? or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, income from the rental of property?	<input type="checkbox"/>	<input type="checkbox"/>
17. Does any member of your family receive or expect to receive child support?	<input type="checkbox"/>	<input type="checkbox"/>
18. Does any member of your household receive or expect to receive spousal maintenance/alimony payments?	<input type="checkbox"/>	<input type="checkbox"/>
19. Does any member of your household receive <u>regular</u> cash contributions from individuals not living in the unit or from agencies and/or does anyone outside your household regularly pay for any of your bills or give you money?	<input type="checkbox"/>	<input type="checkbox"/>
20. My household has no income/money from other sources and does not expect to have any for 30 days at minimum	<input type="checkbox"/>	<input type="checkbox"/>

Provide explanation to any YES answers

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**I understand that I am certifying as true and complete all sources of my household's income in the above explanation.** I understand that I am certifying as true and complete all amounts listed in the above explanation. I understand that the CDA may verify my statements, but I am required to supply true and complete information.

**I understand that I must report any change in my household's income in writing to the CDA within 5 days.** The CDA will then recalculate my rent portion and my rent portion may increase. I understand that failure to timely report income will require the repayment to the CDA of any rent assistance overpaid on my household's behalf.

**I understand that the CDA may require my household to attend a re-examination appointment every 90 days.**

**I understand that failure to disclose my income AS REQUIRED may result in termination of my household's rental assistance and/or repayment to the Washington County CDA of any rent overpaid on my household's behalf.** I/We understand that false statements or information are punishable under Federal and State law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I/We also understand that fraud may be punishable with fines up to \$10,000, a sentence of 5 years in prison or both.

**SIGNATURE AND DATE OF ALL HOUSEHOLD MEMBERS 18 AND OVER**

1. \_\_\_\_\_ Date \_\_\_\_\_  
2. \_\_\_\_\_ Date \_\_\_\_\_  
3. \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form along with any documentation needed by mail, email, or by fax .**

**If you do not provide the proof of this change within 10 days of this written notice of change, the CDA will consider this matter closed.** If you wish to re-open this case, you will be required to complete a new notice of change request and the new start date for processing information will be based on that notice.

If you need a reasonable accommodation to comply with this request, please make this request in writing and deliver to the CDA by the above date.

Sincerely,

The Rental Assistance Team

Phone: 651-458-0936

Fax: 651-458-1696

Email: rentalassistance@washingtoncountycda.org