



City of Parma, Ohio

TIM DeGEETER
MAYOR



1440 Rockside Road, Suite 306
Parma, Ohio 44134

PUBLIC HOUSING

Phone: 216-661-2015
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PROCESS FOR REQUESTING A CHANGE IN HOUSEHOLD INCOME

PPHA requires program participants to report interim changes to PPHA within ten (10) calendar days of when the change occurs. Failure to comply with this requirement may result in termination of housing assistance and/or retroactive rent charges. Also, PPHA is unable to accept any change in household income requests, if the income change will not last at least thirty (30) days; PPHA is unable to process an interim adjustment.

The completed **Change in Household Income Request** form, accompanied by all required verification must be turned in to PPHA's Office during normal business hours.

MANDATORY DOCUMENTATION AND VERIFICATION:

- Change in Household Income Request** form (see reverse side)

MANDATORY VERIFICATION, IF REPORTING A CHANGE IN EARNED INCOME:

- Increased or decreased household earned income (hours, wage or employer), attach the following:
 - o Paycheck stubs (only if new employer, increased or decreased employment income), or
 - o Letter on employer's letterhead listing start end date, hours worked, rate and frequency of pay.
 - o If the participant's employment is being reported through the "Work Number", PPHA is able to obtain the necessary verification.
- Employment Termination/Separation (***pay check stubs are not an acceptable form of verification***)
 - o Letter on employers letterhead indicating date of termination/separation, and anticipated return date, if applicable
- If program participants are unable to obtain the required verification, as listed above, documentation of their attempts must be provided to PPHA.

* Only with approved documentation of a participant's inability to obtain the mandatory verification, the **Change in Household Income Request** form may be used as a "Self-Certification" for the purpose of verifying current household income.

MANDATORY VERIFICATION, IF REPORTING A CHANGE IN UNEARNED INCOME:

- Most recent award letter from:
 - o Cuyahoga County Department of Jobs and Family Services (OWF/TANF)
 - o Social Security Administration (SS/SSI benefits)
 - o State Unemployment Compensation Benefits
 - o Worker's Compensation Benefit Statement
 - o Current Pension Benefit Statement (i.e. Retirement, Veteran's Administration etc.)
- Child support court order or 12-month child support payment print-out
- General contributions statement (must be signed by contributor)

* When reporting a change in Childcare and/or Medical expenses, please attach applicable verification, to include: Completed expense verification form from the company, payment receipts, or 12-month payment history print-out.

**** Failure to complete the Change in Household Income Request form and submit all required mandatory verification and/or documentation will result in your interim request being canceled.***

Reasonable Accommodation: If you, or any household member, have a disability that could prevent your full access to or utilization of PPHA's Housing Choice Voucher or Public Housing Program and any related services, you have the right to request a reasonable accommodation. A reasonable may include a modification of a rule, policy, procedure or service that will assist an otherwise eligible disabled applicant or resident to make effect use of its programs. If you believe you require a Reasonable Accommodation, please contact your Housing Specialist.



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CHANGE IN HOUSEHOLD INCOME REQUEST

Head of Household: _____ Last 4 of SSN: _____
Current Address: _____ City _____ State _____ Zip _____
Email Address: _____ Telephone Number _____

****Your request will not be processed without the below listed, required verification ****

The below income change(s) apply to the following household member? _____

- Increase in household earned (employment) income (Please check all that apply):**
 - Increased wages
 - Increased hours
 - New Employment (Provide start date of new employment _____)

Employer Name: _____
Employer Phone: _____ Employer Fax: _____
Employer Address: _____ City: _____ State _____ Zip _____
Hourly Rate of Pay: _____ Hours worked/week: _____ Overtime hours/week _____

****Please attach a copy of one of the following: current consecutive paystubs, letter on company letterhead, indicating start date, rate of pay, hours worked per week and frequency of pay or PPHA employment verification form completed by employer.**

- Decrease in household earned (employment) income (Please check all that apply):**
 - Decreased wages
 - Decreased hours
 - Employment Termination (Date employment ended _____)
 - Leave of Absence (Date last worked _____)
 - Laid-Off (Date last worked _____ Scheduled return date _____)

Employer Name: _____
Employer Phone: _____ Employer Fax: _____
Employer Address: _____ City: _____ State _____ Zip _____
Hourly Rate of Pay: _____ Hours worked/week: _____ Overtime hours/week _____

****Please attach a copy of one of the following: 6 weeks of current consecutive paystubs (for decreased wages/hours ONLY), letter on company letterhead, indicating end date (if applicable), rate of pay, hours worked per week and frequency of pay or PPHA employment verification form completed by current or previous employer.**

- Additional change(s) (Please check all that apply):**

	Current Amount:	Effective Date:
<input type="radio"/> Child Support Increase Decrease	\$ _____	_____
<input type="radio"/> OWF/TANF Increase Decrease	\$ _____	_____
<input type="radio"/> Unemployment Compensation Increase Decrease	\$ _____	_____
<input type="radio"/> Pension Increase Decrease	\$ _____	_____
<input type="radio"/> SS or SSI Increase Decrease	\$ _____	_____
<input type="radio"/> Regular Contributions Increase Decrease	\$ _____	_____
<input type="radio"/> Expenses (Childcare/Medical) Increase Decrease	\$ _____	_____

***Please attach the verification to support your requested change: 12 month child support print-out or the most recent award letter for the following: OWF/TANF, State unemployment compensation, Social Security or SSI Benefits, Pension Benefits (i.e. Retirement, VA benefits etc.)**

***Attach the following for Childcare or Medical expenses: Company expense verification form, payment receipts, or 12-month payment history print-out.**

I certify that the current total annual household income from all sources is: \$ _____

By signing below, I have released information to PPHA with regards to my household income. I am also certifying that the information provided with regards to my household income and/or expenses is true and accurate to the best of my knowledge. I understand that any false statements contained herein may result in the termination of my housing assistance and/or retroactive rent charges.

Household member completing this form: _____

Signature _____ Date: _____