



## YHA INCOME CHANGE FORM

To request an adjustment to the portion of the rent you pay, complete this form and return it with the required supporting documentation **within ten (10) days of income change**. Failure to report an income increase within ten (10) days can delay your rent adjustment and you may need to repay money to YHA.

Beginning May 1, 2020, all new sources of income (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> jobs, seasonal employment, etc.), **MUST** be reported to YHA within 10 days and will count toward total household income.

Important while participating in these federally funded programs: Failure to report ALL sources of income is a violation of your household obligations. Failure to report ALL sources of income may be considered as an attempt of fraud and may result in termination of your participation in the program.

If you report a decrease in total household income, and if you submit this form with all supporting documentation by the 20<sup>th</sup> of the month, the change will be effective the following month.

You may use the secure drop box located at the YHA Main Office 31 S. Broad St., email to [website@yorkhousing.com](mailto:website@yorkhousing.com), fax, or standard mail. We suggest that you keep a copy of the successful fax transmittal or email confirmation or date-stamped receipt of your submitted request for your records.

Type of Income Change	Documentation Required
New job(s) or Change in Hours/Wages	Letter on employer's letterhead that includes – hire or effective date, rate of pay, # hours to be worked per pay period OR Paystubs for the previous 2-4 pay periods (bi-weekly or weekly)
Loss of employment / Unemployment Compensation	Letter on employer's letterhead stating stop work date AND Unemployment decision letter (award or denial of benefits) AND Printout from UC website including benefit payment information, benefit payment history, current claim summary AND proof of exhaustion of benefits or ineligibility
Change in TANF	Current benefit statement
Change in Child Support	Current benefit statement and Payment history from county office (if available)
Social Security	Current award letter or benefit statement.
Add Household Member	All of the following documents: Current Gov't Photo ID AND Social Security Card Written Permission from property owner or agent for this new household member to move in

**Si usted no entiende esta carta o formulario porque esta escrito en inglés, favor de comunicarse con la Autoridad de Vivienda a 717-845-2601 con anticipación para servicios de interpretación.**

**This YHA INCOME CHANGE Form WILL NOT BE PROCESSED  
if submitted without the required documentation for verification purposes**

Submit all required documentation (see page 1) with this form.

<b>Print Head of Household Full Name:</b>	<b>Last Four Digits of Social Security Number</b>	
<b>Address:</b>		
<b>Email:</b>	<b>Phone #:</b> Circle One: <b>HOME</b> <b>CELL</b>	

<b>Check Boxes to Report All Changes to Your Household and Provide Documentation</b>				
<input type="checkbox"/> <b>Wages</b>  Increase = new job OR Additional employment  Decrease = reduction in pay or loss of job	Name of Household Member:	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount	weekly bi-weekly yearly
	#1 Employer Name: [ ] NEW JOB [ ] Add'l JOB [ ] NOT WORKING	#1 Employer Phone #:		
	First Day: _____ Last Day: _____			
	#2 Employer Name: [ ] NEW JOB [ ] Add'l JOB [ ] NOT WORKING	#2 Employer Phone #:		
	First Day: _____ Last Day: _____			
<b>Important: If you are reporting a loss in wages or income, you MUST identify a source of replacement income:</b>				
<input type="checkbox"/> Unemployment <input type="checkbox"/> TANF (Welfare) <input type="checkbox"/> Other (specify): _____				
<input type="checkbox"/> <b>DPA/TANF</b>	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$ _____ per month	
	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$ _____ per month	
<input type="checkbox"/> <b>Child Support or Child Daycare Costs</b>	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$ _____ per month	
<input type="checkbox"/> <b>Social Security</b>	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$ _____ per month	
<input type="checkbox"/> <b>Other Income Source or to report a Change in Household Members</b>	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$ _____ per month	
	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$ _____ per month	
	Please explain:			

All required documentation has been submitted with this form.

**Please list the names of ALL CURRENT household members:**


**I certify that the information given above is accurate and complete to the best of my knowledge and belief. I understand that providing false information is punishable under Federal and State law and is grounds for termination of my housing assistance.**

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Co-Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

York Housing Authority  
INFORMATION RELEASE STATEMENT

I understand that the York Housing Authority (YHA) is required by law to verify income and information relative to all household members for participation in all federally subsidized programs.

I hereby authorize release to YHA information relative to the application for rental assistance including income from the Department of Public Welfare, Employment, Social Security, Veteran's Death Benefits, Court Orders for Support, Unemployment Compensation, Medical Expenses, School Records, assets including real property, or any other sources of income. In addition, I authorize release of information pertaining to the composition of my household from any applicable source.

I grant permission to either YHA and/or another party reporting the requested information to transmit via facsimile (fax) for these verification purposes only.

I hereby authorize YHA to obtain any record of any criminal history or proceeding where I may have pending charges or prior convictions of a crime in any court or jurisdiction.

I understand that I must continue to pay the previously calculated rent amount until I receive written confirmation of the newly calculated rent amount and the effective start date.

This authorization will continue in force and effect until terminated in writing by the undersigned.

Warning! Section 1001 of title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

\_\_\_\_\_  
Head of Household (print)                      Head of Household Signature                      Date

\_\_\_\_\_  
Co-Head of Household (print)                      Co-Head of Household Signature                      Date

Current Address: \_\_\_\_\_

Primary Home # \_\_\_\_\_ Primary Cell # \_\_\_\_\_

Primary Email Address: \_\_\_\_\_