

**Benicia Housing Authority  
Applicant/Participant Declaration of Income Change**

**Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**FOR LOSS OF EMPLOYMENT:** A copy of your last paycheck and any verification that shows your last day of employment. If you are now receiving regular contributions from someone, you are required to complete a contribution form. If you have been awarded food stamps, TANF, or unemployment compensation please indicate the change on this form and provide a copy of the award letter(s).

Previous Employer:	Last Date of Employment:
Contact Person:	Phone #:
Address:	City, State Zip Code:

**FOR A DECREASE IN BENEFITS OR WAGES:** (TANF, Child Support, Unemployment, CALWorks, Social Security, etc.): Please provide an award letter from the agency indicating the effective date of the change and the new benefit amount or a paystub reflecting the decrease. If you have stopped receiving TANF, please provide documentation why you are no longer on the program.

Benefit Type or Employer:	Effective Date:
Previous Amount:	New Amount:
Address:	City, State Zip Code:

**NEW EMPLOYMENT:** The address and phone number of someone at the organization who may be contacted to verify your employment and a copy of any check stubs that you have received.

New Employer:	First Date of Employment:
Contact Person:	Address:
Phone #:	City, State Zip Code:

**FOR A NEW REWARD OR RECEIPT OF BENEFITS OR AN INCREASE IN WAGES:** (TANF, Child Support, Unemployment, Social Security, SSI, or any other unearned income,) you must provide an award letter or other documentation showing the effective date of the benefit and the new benefit amount as well as a copy of any check stubs reflecting the change.

Benefit Type:	Effective Date:
Previous Amount:	New Amount:
Address:	City, State Zip Code:

The following questions must be answered:

1. Have you or any other member of your household applied for TANF/GENERAL ASSISTANCE? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, WHO? \_\_\_\_\_  
DATE OF APPLICATION? \_\_\_\_\_

2. Have you or any other member of your household applied for STATE OF CALIFORNIA UNEMPLOYMENT BENEFITS? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, WHO? \_\_\_\_\_  
DATE OF APPLICATION? \_\_\_\_\_

3. Have you or any other member of your household applied for STATE OF CALIFORNIA DISABILITY BENEFITS? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, WHO? \_\_\_\_\_  
DATE OF APPLICATION? \_\_\_\_\_

4. Have you or any other member of your household applied for WORKERS COMPENSATION BENEFITS? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, WHO? \_\_\_\_\_  
DATE OF APPLICATION? \_\_\_\_\_

5. Are you or any other member of your household entitled to receive CHILD SUPPORT?  
\_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, WHO? \_\_\_\_\_  
Are you or any other member of your household currently receiving CHILD SUPPORT?  
\_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, WHO? \_\_\_\_\_ Monthly Amt \_\_\_\_\_  
Are you currently making efforts to collect CHILD SUPPORT?  
\_\_\_\_\_ YES \_\_\_\_\_ NO EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

6. Have you or any other member of your household applied for ANY OTHER INCOME OTHER THAN THOSE LISTED ABOVE? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, WHO? \_\_\_\_\_  
DATE OF APPLICATION? \_\_\_\_\_  
Additional comments: \_\_\_\_\_  
\_\_\_\_\_

By Signing below, I certify that the information on page one and two of this Declaration of Income Change is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

I understand that providing false, incomplete or inaccurate information to the Benicia Housing Authority is considered fraud and will jeopardize my continued housing assistance. It is the responsibility of my household to report income changes, **in writing and within ten days**, to the Benicia Housing Authority.

I understand that I am required to continue paying my current tenant rent portion until I have received written notification from the Housing Authority indicating otherwise. In addition, I understand the Housing Authority may take up to fourteen days (14) to process interim requests, once we have received all required documents from my household.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
Other Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_  
Other Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_