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HAWAII PUBLIC HOUSING AUTHORITY
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HONOLULU, HAWAII 96817

Change of Income or Household Conditions

Head of household name (Last, First)	**Head of Household Social Security number (last 4)**
Address	**Primary phone number**

Instructions: Complete only the sections that are necessary to tell us how your household income or conditions have changed. Complete all items in the applicable section and attach supporting documentation verifying the change.

What type of change?

☐ I am reporting an increase in household income
☐ I am reporting a decrease in household income
☐ I would like to remove a household member
☐ Other: _____

Employment *Attach paystubs or a letter from the employer*

Change in pay or new employment	**Employment ended**
Household member _____	Household member _____
Employer name _____	Employer name _____
Employer phone _____	Employer phone _____
Employer fax _____	Employer fax _____
Employer address _____	Employer address _____
Effective date of the change _____	Last date of work _____
Hourly pay rate $_____ Hours per week_____	❑ Attach confirmation from the employer of your last day worked

Other income *Check all applicable boxes, write in details, and attach statements*

❑ **Child Support** ❑ **Pension or annuity** ❑ **Trust or retirement disbursements**
❑ **V.A. benefits** ❑ **Gifts or contributions** ❑ **DSHS (TANF / Aged, Blind, Disabled / Welfare)**
❑ **Social Security or SSI** ❑ **Unemployment benefits** ❑ **Other:**_____

Household member _____	Household member _____
Describe change _____	Describe change _____
Amount $_____ Per ❑ Week ❑ Month	Amount $_____ Per ❑ Week ❑Month
Start date_____ Stop date_____	Start date_____ Stop date_____

Continued on back…

No income *Complete this section if an adult in the household does not have any income or receive any contributions*

Household member with no income/contributions _____ Start date_____

Describe income change _____

Child care expense *Attach a statement from the provider that includes any subsidies and/or co-pays*

Date of change _____ Your portion of the payment $_____ Per ❑ Week ❑ Month

Provider name _____ Provider phone _____

Provider Address _____

Student status (adults) *Attach verification of enrollment status, financial aid, and tuition costs*

Household member _____ Start date_____ Stop date_____

Tuition cost $_____ Per ❑ Quarter ❑ Semester

Financial aid $_____ Per ❑ Quarter ❑ Semester

Household Composition *See instructions below for appropriate attachments*

❑ **Adding someone to your household**
Complete a Request to Add a Household Member form

❑ **Removing a member from the household** (Provide a copy of the lease or utility bills in his/her name at the new address)

Household member _____ Move out date _____

❑ **Name change**

Old name _____ New name _____

Attachments: ☐ Copy of name change court order
☐ Social Security number verification with the new name

Other change *If no other section applies, use this space to explain your household's income/circumstances*

Household member _____ Date of change_____

Describe change _____

Important: Hawaii Public Housing Authority must receive your written notice of your income and/or household conditions and supporting documentation in order for us to adjust your rent portion. If this form is not completely filled out and/or supporting documentation is not attached, the review may be delayed. If you are reporting a decrease in income, but you do not attach supporting documentation verifying the decrease, there will be a delayed in adjusting your rent. If you report a change late or not at all, you could owe Hawaii Public Housing Authority money and you may risk losing your housing subsidy.

By signing below, (print head of household's name)_____, I certify that the information provided to the Hawaii Public Housing Authority is true and correct. I understand that giving false information may jeopardize my eligibility to receive future housing assistance. I understand that HPHA may verify information reported, such verification may include contacting any appropriate employers, governmental agencies, or individuals identified on this form.

Head of household's signature_____ **Date**_____