



Sonoma County Community Development Commission
Sonoma County Housing Authority
141 Stony Cir. Suite 210, Santa Rosa, CA 95401

Change in Income Report **One report per change**

HEAD OF HOUSEHOLD: _____ Phone: _____

Whose income changed? _____ Occupancy Specialist: _____

- 1. Select the box INCREASE or DECREASE. (Use one Report per change)**
- 2. Include a form of VERIFICATION.**
- 3. Sign and date bottom of form.**

☐ **INCREASE - I am reporting an INCREASE in income:**

What income changed? _____ Date of change: _____

What is the reason for the change? _____

**Please sign and date below. You must include a form of VERIFICATION. See examples below.
For new employment, please request an employment & wage verification form.**

☐ **DECREASE - I am reporting a DECREASE in income:**

What income changed? _____ Date of change: _____

What is the reason for the change? _____

Please sign and date below. You must include a form of VERIFICATION. See examples below.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to a Department or Agency of the U.S. as to any matter within its jurisdiction. ***I declare, under penalty of perjury, that the information above is true and complete.***

Signature: _____

Date: _____

VERIFICATION Examples:

- 2 Pay Stubs – increased wage
- Notice of Action from TANF
- Social Security Award
- Child Support Notice
- Veterans Administration Letter
- EDD Unemployment Letter
- EDD State Disability Letter
- Pension statement
- Military Pay Verification



Telephone (707) 565-7500
FAX (707) 565-7583 • TDD (707) 565-7555





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Change in Family Composition

HEAD OF HOUSEHOLD: _____ Phone: _____

Home Address: _____

Effective Date: _____ Occupancy Specialist: _____

I would like to add the following person(s) from my household:

Last Name	First Name	MI	Date of Birth	Relationship	Sex	Disabled

Do not move people into your household until they have been approved. Additional household members are subject to approval by the Housing Authority. You will be contacted by your Occupancy Specialist for further instructions.

I would like to remove the following person(s) from my household:

Last Name	First Name	MI	Date of Birth	Relationship	Sex	Disabled

If the person is over 18, please take this form with you and submit the form when you have the following verifications:

A signed and dated statement from the household member with the following language:

- "I have moved out of the household, and I relinquish my rights to the voucher.
My new address is _____."

Verification that the person has moved out. You may provide any one of the following:

- Their new lease
- Utility bill
- Letter from household member verifying that the person lives at the residence

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