

**RALEIGH HOUSING AUTHORITY  
CHANGE OF STATUS FORM (INCOME VERIFICATION)**

**Instructions for completing the form:**

1. Complete this form in ink using one form per action reported. The Leased Housing Department does not accept faxed or emailed copies of this form.
2. Only mark the change you are reporting.
3. For changes to **Social Security, SSI, Child Support** or **WorkFirst** you must provide the entire letter showing the new amount received. A 12-month computer print-out is required when reporting Child Support. Written verification is required when reporting that you no longer receive these services.
4. For reporting an income decrease due to a change in wages or hourly pay, you must submit the four (4) most recent consecutive paycheck stubs. Employment Verification forms will not be accepted for this action.
5. **You must report all income increase changes within thirty (30) calendar days of the start or re-start date.** You must provide copies of your three (3) paycheck stubs for a new job with this form. If you are unable to provide three (3) paycheck stubs within 30 days, you will need to have your employer complete an Employment Verification form for you to return to our office attached to this form.
6. Failure to report an increase in income and to provide the necessary verification within thirty (30) calendar days may result in termination of your assistance and/or you may be required to repay monies paid that you were not entitled to receive. Any adjustments to your housing assistance rent portion as a result of your increased income will be effective from the date of your change in income, NOT the date you provided the required verification. If your delay in providing the verification results in the Housing Authority overpaying housing assistance payments, you will be obligated to repay this overpayment. **If the income is not reported within thirty (30) calendar days of the restart or rehire date, you will start paying the new rent portion immediately, there will be no thirty (30) day notice.**
7. When separating from your employer due to lay-off, termination, disability, etc., you should provide written verification on company letterhead from your Human Resources or Payroll Department stating your last day of employment. If you are unable to obtain this information from your employer, please complete an Affidavit of No Employment form to submit with this form and a Zero Income form if you have no other income.
8. It is the tenant's responsibility to provide Raleigh Housing Authority with all necessary verifications to process the Change of Status. It is also the tenant's responsibility to provide the name, address and telephone number of their employer(s).

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**Warning:** Section 1001 of the Title 18 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

**Privacy Act Notice:** The collection, maintenance, use and dissemination of SSNs, Employer Identification Numbers (EIN) any information derived from SSNs and EINs, and income information under this subpart shall be conducted, to the extent applicable, in compliance with the Privacy Act (5 U.S.C. 552a) and all other provision of Federal, State and Local Law.

**Violence Against Women Act (VAWA) Notification:** VAWA provides protections for victims of domestic violence, dating violence, stalking, or sexual assaults to prevent them from being denied admissions to or from losing housing solely as a result of being a victim. This protection extends to all household members listed on a housing assistance application or lease agreement. At any time it is made known to RHA that an applicant, resident or voucher recipient is a victim of domestic violence, RHA will pause its negative subsidy action to allow the victim the time needed to provide documentation/verification of the abuse.

**Right to Reasonable Accommodation:** Applicants and assisted families have the right to request reasonable accommodations. Please notify staff if you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services.

# RALEIGH HOUSING AUTHORITY

## CHANGE OF STATUS FORM (INCOME VERIFICATION)

**Please complete all sections of this form that apply to you.** Income changes must be reported within thirty (30) calendar days. Failure to report changes may result in termination of housing assistance.

Head of Household: \_\_\_\_\_  
First Name
Middle Initial
Last Name
Last 4 digits of Social Security #

Street Address \_\_\_\_\_  
City
State
Zip Code
Contact Telephone Number

Household Member Name: \_\_\_\_\_ Last 4 digits of Social Security # \_\_\_\_\_

*Report ONE-TIME payments at your annual recertification appointment.*

E-mail Address \_\_\_\_\_

**Are you currently in the moving process?**  Yes  No **(Check one.)**

(If "YES", no changes will be made to your file until you receive your final Rent Adjustment letter for the new unit.)

**I AM REPORTING THE FOLLOWING INCOME CHANGE:**

\_\_\_ **Employment INCREASE:** Company Name: \_\_\_\_\_

\_\_\_ New Job (Start Date: \_\_\_\_\_) \_\_\_ Three (3) current pay stubs in date order \_\_\_ Employment Verification form

\_\_\_ Re-start same job (Start Date: \_\_\_\_\_) \_\_\_ Three (3) current pay stubs in date order \_\_\_ Employment Verification form

\_\_\_ Pay Increase same job \_\_\_ Four (4) current pay stubs in date order

**Employment Status:** \_\_\_ Temporary \_\_\_ Part-time \_\_\_ Full-time \_\_\_ 9 Month \_\_\_ 10 Month \_\_\_ 11 month \_\_\_ 12 Month

**How often Paid:** \_\_\_ Weekly (52) (3 full check stubs required) \_\_\_ Bi-Weekly (26) (3 full check stubs required)

\_\_\_ Semi Monthly (24) (4 full check stubs required) \_\_\_ Monthly (12) (3 full checks stubs required)

\_\_\_ **Employment DECREASE:** Company Name: \_\_\_\_\_

\_\_\_ Resign/Termination/Lay-off (Effective Date: \_\_\_\_\_) \_\_\_ Affidavit No Employment \_\_\_ Zero Income Form

\_\_\_ Pay Decrease same job \_\_\_ Four (4) current check stubs

**Employment Status:** \_\_\_ Temporary \_\_\_ Part-time \_\_\_ Full-time \_\_\_ 9 Month \_\_\_ 10 Month \_\_\_ 11 month \_\_\_ 12 Month

\_\_\_ **Child Support:** \_\_\_ Increase \_\_\_ Decrease \_\_\_ Twelve (12) month print out \_\_\_ Child Support Affidavit

(To report that **Court Ordered Child Support is ending or has stopped** a letter from the court or the support office or the Child Support printout is required to confirm three (3) months of no payments.) A letter or statement of verification from the Agency is required.

\_\_\_ **Unemployment:** Start date: \_\_\_\_\_ Stop Date: \_\_\_\_\_ Letter from NC Unemployment office

\_\_\_ **Social Security/SSI:** \_\_\_ Increase \_\_\_ Decrease \_\_\_ Award letter from Social Security Office

\_\_\_ **Pension/Retirement:** \_\_\_ Increase \_\_\_ Decrease \_\_\_ Letter from company stating change

\_\_\_ **Work First (AFDC):** \_\_\_ Increase \_\_\_ Decrease \_\_\_ Start Date \_\_\_ Letter from Wake County Work First Program

\_\_\_ **Self Employment:** \_\_\_ Increase \_\_\_ Decrease \_\_\_ IRS Tax Transcript \_\_\_ Self Employment Affidavit

\_\_\_ **Child Care Expenses (Allowance):** \_\_\_ Increase \_\_\_ Decrease \_\_\_ Letter from Child Care Provider/Agency \_\_\_ Child Care Verification Voucher

\_\_\_ **Medical Expenses (Allowance):** \_\_\_ Increase \_\_\_ Decrease \_\_\_ Statement from Pharmacy showing payment made

\_\_\_ **Regular Contribution:** \_\_\_ Increase \_\_\_ Decrease \_\_\_ Notarized letter from provider stating change \_\_\_ Notarized Regular Contribution form

\_\_\_ **College Verification form** \_\_\_ **Other:** \_\_\_\_\_

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**Right to Reasonable Accommodation:** Applicants and assisted families have the right to request reasonable accommodations. Please notify staff if you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services.

**NOTE:** You are responsible for paying your current rent portion until you receive a new rent notification letter from Raleigh Housing Authority advising you of your new rent portion. In addition, if your income change is not reported within thirty (30) calendar days, it may cause income discrepancy. All changes not reported within thirty (30) calendar days will be effective immediately **no thirty (30) day grace period** will be given.  
**This office has 30 business days, from the date of receipt, to process this information you provided** (\_\_\_\_\_) Tenant's Initials

By signing below, I hereby give Raleigh Housing Authority permission to request and obtain information required to perform a change based upon the information provided by me, which is listed above and /or attached. I further acknowledge that I have read and understand the instruction above and that I must continue to pay my current rent portion until notified, in writing, of my new rent portion by Raleigh Housing Authority.

\_\_\_\_\_  
Signature Head of Household Date

\_\_\_\_\_  
Signature of Household Member Date