



Leasing Operations
 675 W Main St
 Rochester, NY 14611
 (585) 697-6105 Fax (585) 697-6104
 Hours: M-Th 8:30am-4:30pm, F 8:30am-12:00pm

Si necesitas esta información en español, favor de llamar al 585-697-6107

CHANGE OF INCOME REPORTING FORM

Date:	
Head of Household: (first name, last name)	
Address:	
Email Address:	
Phone Number:	

INSTRUCTIONS: Complete the applicable information and provide documentation.
 Please note: No changes will be made without supporting documentation.

Select the Source of Income that Changed:

Wages from Employment
 TANF (Welfare)
 SSI/SSD/Social Security
 Child Support
 Worker's Comp/Disability
 Pension/Annuity
 Unemployment
 Gifts or Contribution
 OTHER: _____

What Changed?
 INCREASE
 DECREASE
 NEW JOB
 JOB ENDED

Household Member(s) with change: _____

Effective date(s) of change: _____

Important: The Rochester Housing Authority must receive written notice of your income change within thirty (30) days of the date the change occurs. If this form is not filled out and/or supporting documentation is not attached, the review may be delayed. If you are reporting a decrease in income, and you do not attach supporting documentation verifying the decrease, we will not adjust your portion of the rent. Late reporting is a program violation. If you report a change late (more than thirty (30) days after the change) or not at all, you might owe the Rochester Housing Authority money and you may risk losing your housing subsidy.

Head of Household's Signature _____ **Date** _____

Victims of domestic violence, dating violence, or stalking may have protections provided by the Violence Against Women's Act, or 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, please contact the Housing Authority immediately.

