



**DuPage Housing Authority**  
 711 E Roosevelt Rd, Wheaton, IL 60187  
 PH: 630.690.3555 FAX: 630.690.0702  
[www.dupagehousing.org](http://www.dupagehousing.org)

**Kendall Housing Authority**  
 811 W John St., Yorkville, IL 60560  
 PH: 630.593.8218 FAX: 331.207.8923  
[www.kendallhousing.org](http://www.kendallhousing.org)



## Change of Income or Household Members Form

Please complete this form for processing of your Change of Income or Household Members request. Failure to complete the form or submit supporting documentation could result in denial and/or delay of the request.

Head of Household Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Important: All changes in the income for any member of the Household as well as any change in the number of Household Members must be reported in writing using this form within 10 business days of the change.**

**When submitting a Change of Income, you MUST include the following:**

1. Change of Income / Household Members Form (Complete the opposite side of this form)
2. Proof of any change in household income since last reported to DHA or KHA, including one or more of the following, **as applicable**:
  - 4 – 6 consecutive paycheck stubs
  - Letter on company letterhead indicating date of hire, rate of pay, hours per pay period and frequency of pay
  - Letter on company letterhead indicating date of separation (if you are no longer employed)
  - Unemployment benefits award letter
  - Veterans Affairs award letter
  - TANF award letter
  - Worker’s Compensation benefit statement
  - SS/SSI award letter – must provide the actual award letter sent by the Social Security Administration
  - Pension statement
  - Child support court order - a 12-month child support print out or if it is not court ordered, a self-certification
  - Statement of non-wage income/support

**IF REQUIRED DOCUMENTS ARE NOT PROVIDED, PROCESSING OF THE CHANGE MAY BE DELAYED**

**Completed forms must be submitted using one of the following methods:**

- Email to your assigned Case Manager
- FAX (630) 690-0702 (**DHA Clients only**) or FAX (331) 207-8923 (**KHA clients only**)
- Drop off after hours in drop box at 711 E. Roosevelt Road, Wheaton, Illinois 60187
- Hand Deliver or Mail to the Housing Authority **to which you are assigned:**

**DuPage Housing Authority**  
 Attn: (Your Case Manager)  
 711 E. Roosevelt Road  
 Wheaton, Illinois 60187

**Kendall Housing Authority**  
 Attn: Cristine Diaz  
 811 W. John Street  
 Yorkville, Illinois 60560

*Upon submission of this form, I certify that the information provided to the DuPage & Kendall Housing Authorities is true and correct. I understand that giving false information may jeopardize my eligibility to receive future housing assistance. I understand that by signing this document I authorize the Housing Authority to verify all reported information, which includes comparing all reported information with information retrieved through independent sources.*



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**Increase in Current Employment Income (Please check all that apply):**

- Increase in Wages                       Increase in Hours                       New Employment

Family Member Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Start Date of New Employment: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Name of Position: \_\_\_\_\_

Employer Address \_\_\_\_\_

Rate of pay: \_\_\_\_\_ Work Hours/week: : \_\_\_\_\_ Overtime hours/week: \_\_\_\_\_ Bonus/Tips/Commission: \_\_\_\_\_

Pay Frequency:  Weekly  Bi-Weekly [26 pay periods/every other week]  Bi-Monthly [24 pay periods/only twice a month]

**Loss of Employment Income (Please check all that apply):**

- Decrease in Wages                       Decrease in Hours                       On Leave                       No Longer Employed

Family Member Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Last Date of Employment: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Name of Position: \_\_\_\_\_

Employer Address \_\_\_\_\_

Rate of pay: \_\_\_\_\_ Work Hours/week: : \_\_\_\_\_ Other: \_\_\_\_\_

**Additional Change Amount**

**New Income**

<b>Child Support</b> - Attach copy of court order or notarized letter for direct child support	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
<b>TANF</b> – Attach a copy of current award letter	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
<b>Unemployment Benefits</b> - Attach a copy of current award letter	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
<b>SS or SSI</b> – Attach copy of current award letter	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
<b>Pension</b> – Attach copy of current pension statement	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
<b>Contributions</b>	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
<b>*Expenses:</b>	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$
<b>Other:</b>	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$

\*Expenses such as childcare and medical expenses should include related document and receipts.

**Comments:**

**The following changes to my Household composition have occurred:**

**ADD REMOVE**

HH Member Name: _____	SSN#: _____	<input type="checkbox"/>	<input type="checkbox"/>
HH Member Name: _____	SSN#: _____	<input type="checkbox"/>	<input type="checkbox"/>
HH Member Name: _____	SSN#: _____	<input type="checkbox"/>	<input type="checkbox"/>

**When Adding Household Member(s):** The family is **required to provide** a birth certificate, Social Security number and guardianship/custody papers for each new addition to the household.

**When Removing Household Member(s):** The family is **required to provide** 2-3 documents reflecting the **permanently absent person's new address**, which can include a lease, utility bills, pay stubs, bank statements, insurance documents, school documents, or any other document as determined by DHA.

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