



**OAKLAND HOUSING
AUTHORITY**

1805 Harrison Street, Oakland, CA 94612 (510) 587-2100

INTERIM REQUEST FORM: INCOME CHANGE

Date of Request: _____ Head of Household: _____ Client #: _____

Current Address: _____ Apt. No.: _____ Home/Message #: _____

Email Address: _____ Cell Phone #: _____

Failure to submit the required documentation may result in the denial of your request.

Please allow 20 business days for a resolution to your request.

- All changes must be reported within 14 days of occurrence.
- You must continue to pay your current rent portion until you receive an approved Program Amendment form.
- If the family share of the rent decreases, the decrease will be effective on the first day of the month following the month in which the change was reported and all required documentation was submitted.

My Household income has DECREASED for: (Explain below and attach verification)

<i>Name of Family Member:</i>	<i>How has their income decreased?</i>

My Household income has INCREASED for: (Explain below and attach verification)

<i>Name of Family Member:</i>	<i>How has their income increased?</i>

Documents Attached (Please list):

- | | |
|-----------|-----------|
| 1.) _____ | 4.) _____ |
| 2.) _____ | 5.) _____ |
| 3.) _____ | 6.) _____ |

The Housing Authority will make reasonable efforts to accommodate persons with disabilities. If you need assistance completing this form please contact Customer Service at (510) 587-2100.

WARNING: Section 1001 of Title 18 of the U. S. Code states that a person is guilty of a felony for knowingly and willingly making false and fraudulent statements to any department or agency of the United States. I certify that I have supplied accurate and complete information. I understand that reporting false information is fraud and may result in denial or termination of rental housing assistance.

I understand as the Head of Household I am responsible for insuring the information is complete and accurate for all household members. I declare under penalty of perjury that all provided information and/or documents are valid.

Head of Household Signature

Date