



808 Laguna Street / Santa Barbara California / 93101

Tel (805) 965-1071 Fax (805) 564-7041 TTY (866) 660-4288 (En) TTY (866) 288-1311 (Sp)

Staff Only: Date Stamp

DECREASE OF INCOME

HOUSING AUTHORITY CASE MANAGER: _____

Your Name: _____

Head of Household: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

E-mail: _____

Income Change: (Attach wage stubs or other documentation)

My household income has DECREASED (select reason below):

- Loss of Wages/No income - submit letter or email from employer
Decrease of wages/hours worked - submit letter from employer verifying new hours, new pay rate
Loss of Other source of income - please explain and submit verification

Self-Certification of Income (Please submit the below written statement as to the households changes)

Multiple horizontal lines for written statement

I _____ (Print Name) certify under penalty of perjury that the reported change(s) are true and correct and any additional changes will be reported immediately.

Signature: _____ Date: _____



Staff Only: Date Stamp

DISMINUCIÓN DE LOS INGRESOS

MANEJADOR DE CASO DE LA AUTORIDAD DE VIVIENDA: _____

Nombre: _____

Nombre principal del hogar: _____ Numero de Seguro Social#: _____

Domicilio: _____ Ciudad: _____ Estado: _____ Zip: _____

Teléfono: _____ Teléfono Alternativo: _____

E-mail: _____

Cambio de ingresos: (Adjunte talones de salario u otra documentación)

El ingreso de mi hogar ha disminuido (seleccione el motivo a continuación):

- Loss of wages/No income: provide a letter or electronic mail from employer
Decrease in wages/hours worked: provide a letter from employer verifying new hours or new amount of salary
Loss of other source of income: explain and provide verification

Auto-certificación de ingresos (escriba su declaración sobre los cambios en su hogar)

Blank lines for auto-certification statement

Yo, _____, (nombre en letra de molde) certifico bajo pena de perjurio que los cambios reportados son verdaderos y correctos y que cualquier cambio adicional se informará de inmediato.

Firma : _____ Fecha: _____