



Arlington DHS Housing Choice Voucher Program
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FAMILY REPORT OF INCREASE IN INCOME

Use This Form Only If You Are Reporting **AN INCREASE** Of Household Income.

Head of Household _____ Telephone _____

Address _____

Social Security Number _____ Email _____

1. INCREASE IN INCOME: You must provide proof of the increase in income.			
Family member with income increase	Source of income increase (wages, TANF, etc.)	Amount of increase and how often received (weekly, monthly)	Date increase in income began
Current Employer Information		Former Employer Information (if changed jobs)	
Employer Name:		Employer Name:	
Address:		Address:	
Telephone:		Telephone:	
2. DECREASE IN ALLOWABLE EXPENSES: You must provide proof of the decrease in expenses.			
Type of expense	Amount of monthly decrease	Date expense stopped	
Childcare expenses			
Medical expenses			
Disability assistance expense			
Other Expense			
3. BELOW ARE EXAMPLES OF DOCUMENTS YOU MUST SUBMIT AS PROOF OF THE INCREASE OF INCOME OR DECREASE IN ALLOWABLE EXPENSES.			
New employment or increase in wages: Copies of recent pay stubs, letter from employer.			
New income from self-employment: Documentation of earnings and expenses.			
Decrease in childcare expenses including the name, address, telephone of the care provider.			
Decrease in medical expenses.			
Decreased disability assistance expense, include name, address, telephone of care attendant for disabled member.			
Decreased, or suspended or terminated income other than earnings (child support, TANF, Social Security, etc). Include the award letter, printout, court order, notification from agency.			

Other changes: (specify type of change in income) _____

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 or fraudulent statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction. I certify under penalty of perjury that I have supplied accurate and complete information about my household. I understand that reporting of false or incomplete information is fraud and may result in denial or termination of rental housing assistance. I realize that as Head of Household I am responsible for insuring that the information is complete and accurate for all household members.

Signature of Head of Household

Date