

BRATTLEBORO HOUSING PARTNERSHIPS
PO Box 2275. W Brattleboro, VT 05303
802-254-6071 bhp@brattleborohousing.org

CHANGE OF INCOME FORM

Head of Household _____
Address: _____
Phone: _____ email: _____

Name of Person Having the Change: _____

INCREASE IN INCOME - You must report any change in income within **5 business days** of the effective date. An increase in income will not affect your portion of the rent until your next triennial recertification. However, we need the changes as they occur.

What caused this increase? _____
Gross income before the increase? _____ Gross income now? _____
Date of change _____
Source of income: Name _____ contact _____
Address _____

DECREASE IN INCOME - A interim recertification for rent calculation purposes can be requested any time your gross income decreases by **10% or more over a 30 day period**. This request must be completed within **5 business days** of effective date of the change.

What is the reason for the decrease? _____
Gross income before the decrease? _____ Gross income now? _____
Date of change _____
Source of income: Name _____ contact _____
Address _____

Attach proof of change (example – pay stubs, etc)

NOTE:

Will other changes occur as a result of the change listed above? Yes _____ No _____
____ Reach Up _____ Unemployment _____ SSI/SSDI _____ Worker's Comp
____ Child Support _____ Child Care _____ Other (Please specify) _____

Explain the changes _____

BHP will notify you of action taken as a result of this change. If you disagree with the action, you have the right to grieve it at a hearing.

BHP Office use only

Date and method of notification of action_____

Recert granted. Yes No

If yes, recert completed on _____ Result:

If no, reason:

If recertification denied was a hearing requested Yes No If yes, date of hearing_____

Result of hearing: