

CHANGE OF STATUS FORM (COS) (Income Verification)  
(SEE INSTRUCTIONS ON BACK)

Please PRINT in ink. Change of income must be reported within ten (10) calendar days. Failure to report changes may result in termination of housing assistance.

PLEASE FILL OUT THIS PORTION: \_\_\_\_\_  I am in the moving process (Relocation) check if applicable  
Date

Head of Household: \_\_\_\_\_  
First Name MI Last Name Social Security # Last 4 digits

Street address City State Zip Home or Cell Telephone

ONLY CHECK THIS PORTION IF YOUR ARE REPORTING CHANGES TO THE FOLLOWING INCOME:

\*Attach a letter or statement from the agency for verification. Changes will not be processed if required documentation is not attached.

I am reporting a change in:

- Child Support
- Unemployment
- Work First (AFDC)
- Social Security/SSI
- Child Care Expense (Allowances)
- Medical Expense (Allowances)
- Family Composition  \*Adding \_\_\_\_\_  Deleting \_\_\_\_\_
- Other: \_\_\_\_\_
- Employment
- Pension/Retirement

Attached is:  employment verification form  Letter from Employer (reporting no employment only)  
 Awards letter (SS/SSI/Child Support/VA/Retirement Etc.)  \*Allowances Documents (Social Security Card/BC/BG Check)  
 If married attach marriage license/PID/BGC/Social Security Card/BC/Proof of Income

Description of Income Change:  Income Decrease  Income Increase

ONLY CHECK THIS PORTION IF YOUR ARE REPORTING CHANGES TO YOUR EMPLOYMENT:

Changes will NOT be processed if required documentation is incomplete or not attached. If more than one employment change, complete another Change of Status form for each change. Failure to report an increase in income and to provide the necessary verification within 10 calendar days may result in termination of your assistance and/or you having to repay monies you were not entitled to receive. You should be aware that any adjustments to your housing assistant payment(s) and to your portion of the rent as a result of your increased income will be effective the date of your change in income, not the date on which you provide the required verification. Accordingly, if the tenant's delay in providing the verification in the Housing Authority overpaying housing assistance payments, the tenant will be obligated to repay this overpayment.

- Resignation (Effective \_\_\_\_\_ Employer \_\_\_\_\_)
  - Termination (Effective \_\_\_\_\_ Employer \_\_\_\_\_)
  - Returned to Work (Effective \_\_\_\_\_ Employer \_\_\_\_\_)
  - Changed Jobs (Effective \_\_\_\_\_ Employer \_\_\_\_\_)
- Old Company \_\_\_\_\_ Start Date: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Hrs/wk \_\_\_\_\_  
How often paid:  
 Weekly  Bi-Weekly  Semi-Monthly  Monthly

Warning: Section 1001 of the Title 18 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments of the United States Government.

I hereby give Fayetteville Metropolitan Housing Authority permission to request and obtain information required to perform a change based upon the information provided by me, which is listed above and / or attached.

Tenants Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR HOUSING AUTHORITY USE ONLY**

Denied & Returned Reason: \_\_\_\_\_

Please come to the Housing Office and Complete a New Change of Status Form and bring the following information below:

- (Last 2-4 Consecutive Check Stubs Received)
- A letter on Company letter head from your former employer, or human resource office, or payroll department stating the last day of work.
- Complete an affidavit of NO INCOME FORM ATTACHED AND RETURN IT WITH THIS FORM)
- OTHERS: \_\_\_\_\_

Interviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS FOR CHANGE OF STATUS FORM**

**\*PLEASE READ CAREFULLY\***

You should complete a Change of Status (COS) Form whenever there is a change of INCOME, ADDITION OR DELETION TO HOUSEHOLD, CHANGES IN MARITAL STATUS, and OR EMPLOYEMENT STATUS. Failure to report changes within 10 calendar days may result in termination of assistance and / or paying back monies you were not entitled to receive.

It is the tenant's responsibility to provide Fayetteville Metropolitan Housing Authority with all necessary verifications to process the change of status. It is also the tenant responsibility to provide the name, address, and phone number of their employers, if verifications if not attached, your change of status will be denied and returned to you.

According to 24 CFR 960.259 & 985.551 the family must supply any information that the PHA or HUD determines is necessary in the administration of the program. The family must supply any information requested by the PHA or HUD for use in regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.

1. When filling out the Change of Status Form (COS), only mark the change you are reporting.
2. If your are reporting changes to Social Security, SSI, Child support, AFDC, Pension(s), Retirements(s), VA Benefits, or Alimony, please provide a letter showing the new amount or reduced amount receiving. Child support should be at least a 12 month print out. If you are reporting that you are no longer receiving any of the above; verification must be provided showing **zero** amounts.
3. When reporting an income decrease due to change in wages or hourly pay, must submit your (2-4) most recent consecutive paycheck stubs, or letter on letterhead from company.
4. You must report all income increase changes within Ten (10) days of your start date. You must come into the office and sign an Employment Verification Form and return it back to our office attached to this form should be employment verification or other documentation showing new income reported. All salary increase must be reported at your annual recertification.
5. When separating from your employer due to lay-off, termination, disability, etc., you should provide written verification on company letterhead from your Human Resource office or Payroll Department, stating your last day employed. If you are unable to obtain this information from your employer; please complete an **Affidavit of No Employment Form.**

\*\*\*\*\*YOU ARE RESPONSIBLE FOR PAYING YOUR RENT PORTION UNTIL YOU RECEIVE A NEW RENT NOTIFICATION LETTER FROM FAYETTEVILLE METROPOLITAN HOUSING AUTHORITY ADVISING YOU OF THE NEW RENT CHANGE{\_\_\_\_\_ TENANT INITIAL.}

\*\*\*\*IF YOU CURRENTLY IN THE PRE-MOVING PROCESS, NO INCOME OR HOUSEHOLD COMPOSITION CHANGES CAN BE MADE UNTIL YOU RECEIVE YOUR FINAL RENT ADJUSTMENT LETTER FOR THE NEW UNIT{\_\_\_\_\_  
\_\_\_\_\_ TENANT INITIAL.}

I \_\_\_\_\_ the Voucher Holder have read and understand the instructions above; I DO UNDERSTAND THE LAST LINES ON THIS DOCUMENT, STATING THAT I MUST PAY MY RENT UNTIL A WRITTEN NOTICE HAS BEEN SENT TO ME WITHIN 30-45 BUSINESS WORKING DAYS OF SUBMITTING AN INCOME CHANGE.

**\*\*NOTE\*\***IF THESE DOCUMENTS ARE REMOVED FROM FA YETTEVILLE METROPOLITAN HOUSING BY AN APPLICANT OR A TENANT, FOR ANY REASON YOUR VOUCHER WILL BE TERMINATED. {\_\_\_\_\_ TENANT INITIAL} I THE APPLICANT OR TENANT UNDERSTANDS THAT REMOVING ANY DOCUMENTS FROM FAYETTEVILLE METROPOLITAN HOUSING AUTHORITY, WITHOUT FAYETTEVILLE METROPOLITAN HOUSING AUTHORITY'S APPROVAL IS GROUNDS FOR TERMINATION.

WARNING: SECTION 101 OF THE TITLE 18 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments of the United States Government. Privacy Act Notice: The collection, maintenance, use and dissemination of SNs, EINs, any information derived from SSNs and Employer Identification Number (EINs), and income information under this subpart shall be conducted, to the extent applicable, in compliance with the Privacy Act (5 U.S.C. 552a) and all other provision(s) of Federal, State, and Local Law.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_