



**JANESVILLE**  
*Wisconsin's Park Place*

**City of Janesville**  
**Rent Assistance Program**  
**Change of Income Process**

Please complete the enclosed packet so that we may process your change of income request. Please provide all information needed that applies to your type of change.

When submitting a change of income, you **MUST** complete the following:

- *Change of Income Request form*

You **MAY** want to include one or more of the following, if applicable:

- *Unemployment benefits documentation*
- *Statement of income ( you may use attached form)*
- *Direct child support statement (must be signed, dated and notarized by contributor)*
- *General contributions statement (must be signed, dated and notarized by contributor)*
- *Letter on company letterhead indicating date of separation (if no longer employed)*
- *Proof of any change in household income since last reported to the HA, including employer's contact information and recent paycheck stubs (if change is due to increased or decreased employment information)*

If supporting documentation is not attached, the processing of the change in income will be delayed because 3<sup>rd</sup> party verification must be obtained.

It is your responsibility to report any and all changes in your household income, in writing, within 10 days. Copies of the change form are available on the City of Janesville, Neighborhood Services website.

Completed forms may be mailed to: COJ Neighborhood Services  
PO Box 5005  
Janesville WI 53547

Dropped off at: 18 N Jackson St, 1<sup>st</sup> floor  
Janesville WI 53548

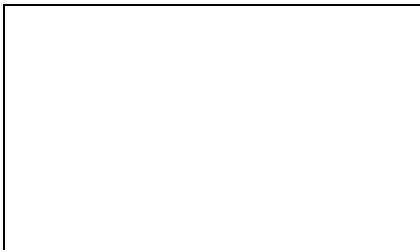
Emailed to your Case Manager: Kim Mangione – [mangione@ci.janesville.wi.us](mailto:mangione@ci.janesville.wi.us)

Roxann Glick – [glickr@ci.janesville.wi.us](mailto:glickr@ci.janesville.wi.us)

Any individual with a disability or other medical need who requires accommodation with respect to this form should contact the City of Janesville Neighborhood Services at 608-755-3065.



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**Change Form Request**

Head of Household Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Family Member with change: \_\_\_\_\_

**Type of Change in Income:** Please check all that apply:

I am reporting an INCREASE in household income  other \_\_\_\_\_

I am reporting a DECREASE in household income

**Employment Income Information-** Complete if you have experienced a change in employment income

New Employer Name: \_\_\_\_\_ Employer Telephone: \_\_\_\_\_

Employer Full Address: \_\_\_\_\_

Start Date: \_\_\_\_\_

Old Employer Name: \_\_\_\_\_ Employer Telephone: \_\_\_\_\_

Employer Full Address: \_\_\_\_\_

Termination Date (N/A if currently employed): \_\_\_\_\_

Rate of pay: \$ \_\_\_\_\_ **Circle one:** Hourly Weekly Biweekly Semi-monthly Monthly Annual

Average hours per week: \_\_\_\_\_ Average overtime hours per week: \_\_\_\_\_

**Other Income Information:**

Indicate the change in any other type of income - Pension, Self Employment, VA benefits, Child support, W-2, Unemployment, Plasma Donations, Bartering, Gifts, Contributions, Annuities, Zero Income (must sign affidavit), etc:

Source: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Current Amount: \_\_\_\_\_

End Date: \_\_\_\_\_ Previous Amount: \_\_\_\_\_

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**Student Status Change:**

Household member name: \_\_\_\_\_

Student status: \_\_\_\_\_ full time \_\_\_\_\_ part time \_\_\_\_\_ No longer in school

Please attach the following:

- Verification of enrollment status (current credits),
- Copy of financial aid award letter, and

**Family Composition Change:**

Household member name: \_\_\_\_\_

New? Birth Date: \_\_\_\_\_ please provide documentation of birth and social security number

Moved out? Date and new address: \_\_\_\_\_

**Childcare Expense Change:**

Paid child care expenses: of children 12 years or younger will be considered in the rent calculation of households who are actively seeking employment, currently working, or furthering their education. An Economic Support Statement may be submitted in place of receipts/statements.

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Name of provider: \_\_\_\_\_

Address /telephone number of provider:  
\_\_\_\_\_

\$ \_\_\_\_\_ **Circle one:** week month year

By signing below, I certify that the information provided to the City of Janesville Neighborhood Services is true and accurate. I understand that giving false information may jeopardize my eligibility to receive future assistance.

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

This is an important notice. Please have it translated.  
 Este é um aviso importante. Queira mandá-lo traduzir.  
 Este es un aviso importante. Sirvase mandarlo traducir.  
 ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG  
 XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY  
 Ceci est important. Veuillez faire traduire.



**本通知很重要。請將之譯成中文。**  
 នេះគឺជាជំពាក់សំខាន់ សូមមេត្តាបកប្រែជូនផង

