

OHA Staff _____

Housing Specialist _____

REQUEST FOR RENT ADJUSTMENT
Petición para un Ajuste de Renta

- Head of Household/*Nombre del Encabezado*: _____
- Name of member with change/*Nombre de la Persona Reportando el Cambio*: _____
- Address/*Domicilio*: _____
- Telephone/*Teléfono*: _____ Cell Phone/*Celular*: _____

PLEASE CHECK ALL BOXES THAT APPLY/FAVOR DE MARCAR TODAS LAS CAJAS QUE APLICAN

- Employment/*Empleo*
- Social Security/*Seguro Social*
- Welfare/*Ayuda de Bienestar*
- Child Support/*Sostenimiento de Niños*
- State Disability Benefits/*Beneficios de Discapacidad*
- Student Status (# of Units)/*Estado del Estudiante (# de Unidades)*
- Other (Please Explain Your Change)/*Otro (Favor de Explicar el Cambio)*: _____
- Unemployment/*Desempleo*
- SSI/*Supplemental*
- Food Stamps/*Estampillas de Alimento*
- Pension/*Pensión*
- No Income/*Sin Ingresos*

Tenant's Signature/*Firma del Inquilino* **SSN:** _____ **Date/*Fecha*** _____

Section 35 (A) of the United States Criminal Code makes it a criminal offense, punishable by a maximum of ten (10) years imprisonment, \$10,000.00 fine or both to make a false statement or representation to any department or agency of the United States as to any matter within their jurisdiction. The information given above was requested by the Housing Authority of the City of Oxnard in its capacity as a city, state and federal agency.

OFFICE USE ONLY

- Documents Requested by:** _____
- Check Stubs
 - Disability or Unemployment Stubs/Letter
 - Worker's Compensation Compromise & Release Letter
 - Provide proof of new address to remove a member
 - School Transcript/Financial Aid Award Letter
 - Other _____
 - Social Security Letter/SSI Letter
 - Employment Termination Notice
 - TANF Notice of Action
 - IHSS Letter
 - Worker's Compensation Notice of Change in Rate
 - Child Support
 - Pension