



76 Stevenson Drive
Dover, DE 19901
302-678-1965 *voice*
302-678-1971 *fax*
1-800-545-1833, ext. 816 TDD
doover.housingauthority@dhade.org *email*

Date:

Head of Household:

Address:

I (Full Name) am reporting that there has been a change to my income due to the COVID -19 pandemic. The following pertains to my situation (please check one):

☐ **I have been laid off**

☐ **My hours have been reduced to** **per week.**

Employer:

I understand that upon returning to work, I will have ten days to report my change of income to the Dover Housing Authority. I also verify that all information on this Self-Certification is true and accurate.

Head of Household Signature:

Date:

Thank you for your cooperation.