

INTERIM CHANGE FORM

CHANGES IN FAMILY INCOME (Please attach verification)

Public Housing residents & Section 8 participants are required to report income changes within 14 days of the effective date of the change. Families must provide a written income change report (along with documentation) by the last day of the month for an interim adjustment to be effective the first of the following month (Public Housing-see lease Part 2, Page 4)(Section 8-see Statement of Family Obligations) PLEASE NOTE THAT FAILURE TO COMPLETE THE REQUESTED INFORMATION WILL DELAY PROCESSING THE RENT ADJUSTMENT.

EMPLOYMENT INCOME Increased () Decreased ()

New Employer (attach pay stubs) Current Employer (Hrs or rate change-attach pay stubs) Former Employer (no longer working)

_____ Hire Date: _____
(Employer's Name & Address)

No. Hours Worked _____ (per week) Hourly Rate _____ Last Day Worked (if applicable) _____

Have you applied for Unemployment? YES () NO ()

UNEMPLOYMENT: Increased () Decreased ()

Date Started: _____ Weekly Amount: _____ Date Ended: _____ State: _____

CHILD SUPPORT: Increased () Decreased ()

Department of Social Services and/or other state agency Case Number or Numbers: _____
 Direct Payment from Parent (payment is not received through a local or state agency)

Absent Parent's Name & Address: _____

Date Started: _____ Date Stopped: _____ Amount: _____ Per _____
(week / month)

OTHER INCOME: Increased () Decreased ()

_____ Social Security (SS/SSDI/SSI) _____ TCA (Temporary Cash Assistance) Case No: _____

_____ Veterans Benefits _____ Monthly Food Stamps / Case No. & Amount: _____

_____ Pension _____
(Pension provider's name & address)

_____ Family Support or Contributions _____
(Name & Address of Person Providing Assistance to the Family)

_____ Workmen's Compensation _____
(Company Name & Address)

_____ Other _____
(Please explain)

CHANGE IN CHILDCARE EXPENSES (Please attach verification)

Note: Childcare expenses are considered a deduction for families with children under the age of 13 only when such expenses allow adult family members to work, actively seek employment or attend school.

Childcare Provider's Name: _____ Amount Paid: _____ Per Week / Month
(Please circle one)

Childcare Provider's Address: _____

COMPLETE AND SIGN ON REVERSE SIDE

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REQUEST TO ADD AN ADULT TO HOUSEHOLD (18 or older)

This request is made fourteen (14) calendar days in advance to add an adult to my household. I understand that the Housing Authority may conduct wage, credit and background checks to determine eligibility for participation. I wish to add:

Adult Applicant's Full Name: _____

The adult wishing to join your household must complete a housing application. Section 8 households must also obtain written permission from the landlord.

_____ Application Attached

_____ Application will be returned

CHANGE IN FAMILY SIZE

My Family Size has *changed* because:

- Childbirth, adoption or court-awarded custody (attach verification)
- Caring for foster child(ren) (attached verification from agency placing children in foster care)
- Temporary Custody (attach documentation)
- Other (Please Explain) _____

Name of Child: _____

Date of Birth _____

Relationship (if not parent) _____

Soc Sec Number _____

School (if applicable) _____

Male _____

Female _____

Note: In order to add someone to your Section 8 or Public Housing, you must provide a birth certificate, social security card and sign a 214 Citizenship Status Form (obtain from the receptionist or your case worker)

Family Member no longer lives in my household:

Name: _____ Reason: _____

Forwarding Address (if applicable): _____

ADDITIONAL CHANGES OR INFORMATION:

I certify that the information provided above is true and correct to the best of my knowledge. I understand that false statements may be punishable by fines and/or imprisonment and grounds for termination of housing assistance.

Date Change(s) effective: _____

Today's Date: _____

NAME OF HEAD OF HOUSEHOLD: _____

Telephone Number: _____

Print Your Name: _____

Your Social Security No: _____

Your Address: _____

Do you participate in the Family Self-Sufficiency Program? Yes () No ()

Signature: _____ (SEAL) Witness (by HHA Staff) _____