**INTERIM CHANGE REQUEST**

|  |  |  |
| --- | --- | --- |
| **Head of Household Name** | **Date** | |
|  |  | |
| **Address** | **Phone** | **Email Address** |
|  |  |  |

**I. INCOME CHANGE**

**🞏 I am reporting a DECREASE in income:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Household Member Name | Name and Full Address and Phone Number or Email Address of Income Source | NEW Income | How Often? | Date of Change |
|  |  | $ |  |  |
| **Explain the Income Decrease:** | | | | |

**🞏 Report an INCREASE in income.** If you reported an interim decrease in income, you must report any increase in earned income or receipt of unemployment benefits prior to your next annual recertification. Any receipt of public benefits greater than 10,000/year must also be reported.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Household Member Name | Name and Full Address and Phone Number or Email Address of Income Source | NEW Income | How Often? | Date of Change |
|  |  | $ |  |  |
| **Explain the Income Increase:** | | | | |

**II. HOUSEHOLD COMPOSITION CHANGE**

🞏 **I would like REMOVE the following Household Member:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Last Name | | First Name | MI | Date of Birth | Sex (M/F) | Relation |
|  | |  |  |  |  |  |
| Reason for Removal: | | | | | | |
| New Address: | | | | | | |
| **In order to remove a Household Member, you must provide the following:** | | | | | | |
| **Under 18:** | Court-Awarded Change of Custody or School Record showing new address and notarized statement from HOH indicating date of removal | | | | | |
| **18 or older:** | Utility Bill, Lease or Statement from New Landlord showing new address and notarized statement from HOH indicating date of removal | | | | | |

🞏 **I would like ADD the following Household Member:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | | | First Name | | MI | Date of Birth | | Sex (M/F) | Relation | |
|  | | |  | |  |  | |  |  | |
| Disability  Yes 🞏 No 🞏 | | U.S. Citizen  Yes 🞏 No 🞏 | | Full-time Student  Yes 🞏 No 🞏 | | | Race | Hispanic/Latino  Yes 🞏 No 🞏 | | Social Security # or Alien Registration # |
| **Reason for Addition:** | | | | | | | | | | |
| **In order to add a Household Member, you must provide the following:** | | | | | | | | | | |
| **Under 18:** | Birth Certificate, Social Security Card, Court-Awarded Custody (if applicable), Landlord Approval (unless added by birth) | | | | | | | | | |
| **18 or older:** | Birth Certificate, Social Security Card or Immigration Documents, Marriage Certificate (if applicable), Proof of Income, Landlord Approval, Proof of Current Address, Most Recent Tax Return or Verification of Non-Filing | | | | | | | | | |

**IV. CERTIFICATION STATEMENT**

**Criminal and Administrative Actions for False Information**

I certify that the information given to the BHA on household composition, income, net family assets, allowances and deductions is true and complete to the best of my knowledge and belief. I understand that giving false statements or information can be grounds for punishment under federal and state laws. I also understand that giving false information or failing to provide complete information can be grounds for termination of housing assistance. I further understand that we are required to report any increase in income of $200.00 or more, per month in writing to the BHA within 30 days of receiving the increase. Failure to do so can be grounds for termination of assistance. Signed under the pains and penalties of perjury:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Head of Household Date

1. **The following documents are considered proof of income changes**

* Four (4) consecutive paystubs for all employment income
* Current statement of income from SS, SSI, SSDI
* All pages of current bank statement
* Current unemployment benefits and/or worker’s compensation statement(s) or award letter
* Current welfare/SNAP (food stamps) budget letter (including case make-up)
* Current statement(s) and/or court order(s) for child support and alimony
* Current statement of any regular financial contribution received by any member, including but not limited to, any funds to pay bills (must be signed and dated by the person/organization making the contribution)
* Current statement of any other income not listed above
* If any household member is self-employed (has their own business), the last filed tax return (1099 and all tax schedules) and most recent accounting ledger

1. **To REMOVE a household member from your voucher you must provide:**

* Documentation of the leaving household member’s new place of residence AND
* A statement from the head of household indicating the date of change

1. **To ADD a household member you MUST provide:**

**All Income Document Listed in Paragraph A above, AND**

**The forms below signed by the adult seeking to join your household:**

|  |  |
| --- | --- |
| * Leased Housing Questionnaire | * Authorization for the Release of Information (HUD-9886) |
| * Debts Owed to Public Housing Agencies | * Declaration of Citizenship |
| * Criminal Background Check Authorization if 14 or older. | |

**AND the following documentation for the new household member:**

* Birth certificate and proof of Social Security number for any new household member
* If new household member is a **child**: adoption papers or court awarded custody order
* Photo ID for new adult household members (18 and older)
* Proof of immigration status for any new household member not a U.S. citizen (INS document/Green Card)
* Proof of full time student status for any family member.