



INTERIM CHANGE REPORT

READ DIRECTIONS THOROUGHLY. Please print using an ink pen. Fill in for all household members. **ALL BLANKS MUST BE FILLED IN OR MARKED "NOT APPLICABLE"**. This form **MUST** be filled out **COMPLETELY** and returned to your Occupancy Specialist before any adjustment to your assistance can be made.

Name of Head of Household _____

Unit Address _____ City _____ Zip _____

Mailing Address if different from above _____

Phone Numbers: Home _____ Message _____ email _____

1) **What has changed in your household?** Please be **specific** and list all changes in household composition, income, assets, and/or expenses.

2) **Household Composition:** List all persons who are or will be living in your home beginning with the Head of Household

Legal Name (As on SS Card)	Social Security Number	Date of Birth

Are you adding someone to your household?..... YES NO
If yes, who? _____

Has someone left your household? YES NO
If yes, who? _____

3) **Medical Expenses (Elderly, Handicapped, or Disabled Families Only):**

Has there been an increase or decrease in medical expenses since your last re-exam?..... YES NO
If yes, how have they changed? _____

PLEASE COMPLETE PAGE TWO...
BEFORE TURNING IN, MAKE SURE BOTH PAGES ARE COMPLETE, AND THAT ALL HOUSEHOLD ADULTS HAVE SIGNED THE FORMS.

Department of Housing Services
111 NE Lincoln Street, Suite 200-L, MS 63, Hillsboro, OR 97124-3072
(503) 846-4794 • fax (503) 846-4795 • TTY (503) 846-4793
www.co.washington.or.us/housing
Equal Housing Opportunity



4) Income

Who in your household is EMPLOYED? List each person and their employer's name and complete address:

Table with 3 columns: Household Member Name, Name and COMPLETE ADDRESS of Employer, Amount per month

Who in your household has or gets OTHER INCOME (money)? List each person and where they get the income (money):

Table with 3 columns: Household Member Name, Where do they get the money?, Amount per month

Are there any other changes in income or who lives with you that you have not listed above?..... YES NO

If yes, please include details on this form or a separate piece of paper

Explanation: _____

5) Childcare:

Have your childcare costs changed? YES NO

If yes, how much? _____

Who cares for your child? _____ Phone: _____

Childcare Provider's Address: _____

6) Household Information: Mark your responses to the following questions:

Have any household members ever:

- Been arrested for, charged with, or convicted of drug-related criminal activity? YES NO
Been arrested for, charged with, or convicted of violent criminal activity? YES NO
Been arrested for, charged with, or convicted of possession, manufacture, or distribution of a controlled substance? YES NO
Been arrested for, charged with, or convicted of any crime other than a minor traffic violation? YES NO
Used any name (s) or Social Security #'s other than the one currently used? YES NO

If the answer to any of the above is "YES", please explain:

7) Certification: I do hereby swear and attest that all of the information above about me and my household is true and correct. I also understand that all changes in household members or income must be reported to the Department of Housing Services IN WRITING immediately. WARNING! TITLE 18, SECTION 1001, OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Signature of Head of Household _____

Date _____

Spouse/Other Adult Signature _____

Date _____

Other Adult Signature _____

Date _____