



Any individual with a disability or other medical need who needs accommodation with respect to this correspondence should inform the Department.

Interim Change Report:

- A completed Interim Change Form must be submitted to us within 10 days of the event.
• A change usually requires the client to provide additional verification: (see other side of form).
• Changes will not be processed without a completed form and all required verification.
• Changes can take up to 30 days to complete.

Head of Household Name: Last 4 digits of SSN:

Address:

Email Address: Current Phone:

Name of Household Member(s) with Change:

1. What has changed in your household: Please be specific and list all changes in household composition, income, assets, and/or expenses. You may be required to provide documents supporting these changes.

Table with 2 columns: Select what has changed, Give a short explanation of the change. Includes checkboxes for income changes, household changes, medical expenses, assets, support, and other.

2. Household Composition: List all persons who are (or will be) living in your home beginning with the Head of Household. Examples of source of income: job, child support, Social Security / SSI / SSD, trust, spousal support, family support, unemployment.

Table with 4 columns: Legal Name (as shown on SS card), Date of Birth, Has Income?, \*\*Source of Income. Includes checkboxes for Yes/No.

CERTIFICATION

I/We do hereby swear and attest that all of the information reported on this form is true and complete. I/We understand that the Department of Housing Services is required to verify the information that I/we have reported. I/We understand that any misrepresentation or failure to disclose information may be grounds for termination of assistance and may be punishable under Federal law.

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Head of Household Signature: Date:





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Type of Change: Required Documents

Table with 2 columns: Income Source, Documents Needed. Rows include Child Support, Employment, Pension, Self-Employment, Social Security Benefits, TANF or SNAP, Unemployment Payments, Voluntary or Family Support, Worker's Compensation, Loss of job, Reduction of work hours, Expenses (Medical, Day Care, Service Animal), Household Members (Removing, Adding), and Student Status.

Every year The Housing Authority contacts you for a full recertification of your household members and your income. In between the full recertification you are responsible to tell us, in writing, about certain changes (see list on the front of this form).

Table with 2 columns: Change Type, Details. Rows: If Your Household Income Increases (for any reason), If Your Household Income Decreases (for any reason).

