



INTERIM CHANGE REQUEST

| | | | |
|------------|------------------------|------------------------|---------------|
| Log Number | Head of Household Name | Social Security Number | Date |
| Address | | City, State, ZIP Code | |
| Home Phone | Work Phone | Cell Phone | Email Address |

I. HOUSEHOLD COMPOSITION CHANGE

Relation: head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live in aide, other adult

Race: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

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 <input type="checkbox"/> No <input type="checkbox"/> | U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> | Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/> | Race | Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/> | 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 | | | | |

II. INCOME CHANGE

I am reporting an INCREASE in income:

| Household Member Name | Name and Full Address and Phone Number or Email Address of Income Source | NEW Income before any Deductions | How Often? | Date of Change |
|---|--|----------------------------------|------------|----------------|
| | | \$ | | |
| Reason for Income Increase: | | | | |
| You must provide 4 consecutive pay stubs or other verification of income and document showing date of 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 before any Deductions | How Often? | Date of Change |
|---|--|----------------------------------|------------|----------------|
| | | \$ | | |
| Reason for Income Decrease: | | | | |
| You must provide 4 consecutive pay stubs or other verification of income and document showing date of change. | | | | |



III. EXPENSE CHANGES

I am reporting an **INCREASE** in medical expenses:

(ONLY for households with Head/Co-Head/Spouse is disabled or 62 or older)

| Household Member Name | Description, Full Address and Phone Number or Email Address of Medical Expense | Total Unreimbursed Medical Expense | How Often Do You Pay? | How Long Will You Pay? |
|---|--|------------------------------------|-----------------------|------------------------|
| | | \$ | | |
| Reason for Medical Expense Increase (do <u>not</u> provide specific medical information): | | | | |
| You must provide a bill or statement for any expenses. | | | | |

I am reporting an **INCREASE** in child care expenses:

(ONLY for households with a minor under 13 where child care allows an adult HH member to work, go to school or seek work)

| Minor's Name | Name, Full Address and Phone Number or Email Address of Child Care Provider | Total Unreimbursed Child Care Expense | How Often Do You Pay? | Date of Change |
|--|---|---------------------------------------|-----------------------|----------------|
| | | \$ | | |
| | | \$ | | |
| Reason for Child Care Expense Increase and list Adult Household Member(s) Allowed to Work: | | | | |
| You must provide a bill or statement for any child care expenses. | | | | |

I am reporting an **INCREASE** in disability assistance expenses:

(ONLY for households with a disabled member where some form of disability assistance allows an adult HH member to work, go to school or seek work)

| Disabled Household Member's Name | Description, Full Address and Phone Number or Email Address of Disability Assistance Expense | Total Unreimbursed Disability Assistance Expense | How Often Do You Pay? | How Long Will You Pay? |
|--|--|--|-----------------------|------------------------|
| | | \$ | | |
| Reason for Disability Assistance Expense Increase and list Adult Household Member Allowed to Work: | | | | |
| You must provide a bill or statement for any disability assistance expenses. | | | | |

IV. CERTIFICATION STATEMENT

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the Interim Request form and certify that the information shown is true and correct.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance. I/We also understand that I/we may be required to repay any housing assistance over payments made to landlord on our behalf.

Signature of Head of Household

Date

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.



The following documents are considered proof of income or expense changes:

- Four (4) consecutive paystubs for all employment income
- Current statement of income from SS, SSI, SSDI and state disability (call 855-488-0541 for a state disability benefit letter)
- 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
- If you or a spouse/co-head is disabled or 62 or older, current statement(s) showing medical expenses and/or medical insurance premiums
- If you pay for dependent care to allow an adult to go to work or school, a current statement showing care provider, how much you pay for childcare and child(ren) receiving care

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

- Documentation of the leaving household member's new place of residence AND
- A notarized statement from the head of household indicating the date of change

To ADD a household member you MUST provide:**The forms below signed by the adult seeking to join your household:**

- Applicant/Participant Certification
- Authorization for the Release of Information (HUD-9886)
- Debts Owed to Public Housing Agencies
- Consent for Release of Information to NYSHCR

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)
- Four (4) consecutive paystubs for all employment income
- Current statement of income from SS, SSI, SSDI
- Current unemployment benefits and/or worker's compensation statement(s)
- 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
- Three (3) consecutive monthly statements for all checking accounts held solely or jointly by new household member
- Current statement for any and all of the following held solely or jointly by new household member: savings accounts, stocks, bonds, CDs, life insurance, trusts, annuities, money market accounts and/or any other assets
- If the new household member is self-employed (has their own business), the last filed tax return (1099 and all tax schedules) and most recent accounting ledger
- If any household member is a full-time student 18 or older, Verification of Full-Time Student Status (statement from educational institution)