



LOG # _____

**INTERIM CHANGE REQUEST**

Date	Head of Household Name	Social Security Number	Email Address		
Address		Apt. #	City	State	ZIP Code
Home Phone	Work Phone	Cell Phone		Other Phone	

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				
18 or older:	Utility Bill, Lease or Statement from New Landlord showing new address				

 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 2 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 2 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 not 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 where child care allows an adult HH member to work, go to school or seek work)

Minors' Name(s)	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
		\$		
Minors' Name(s)	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 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 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.

FOR OFFICE USE ONLY

All Verification Documents Provided Approved Not Approved

Name: _____ Date: _____