

INTERIM CHANGE REPORT

The following information is needed **ONLY** if there has been a change in your family composition, income, or eligible deductions and allowances. It is your responsibility to report all changes in family size and income to the Hickory Housing Authority, in writing, within (10) days of the date the change has occurred according to your Housing Voucher or Public Housing Lease and the Housing Authority's Policies. Failure to report changes could result in the termination of your assistance. If the information is not reported in a timely manner, you may be required to reimburse the Hickory Housing Authority retroactively to the date of the change.

PLEASE PRINT and complete entire form (front and back).

Client Name: _____ SSN: _____

Current Address: _____

Phone Number(s): Home # _____ Work #: _____ Cell # _____ Message# _____

Email Address: _____

Check the box(s) that have changed since your last recertification.

My family composition has changed. My new family composition is as follows:

Name	MI	Relationship	Sex	Age	SSN	DOB

If you are removing a family member from your household, indicate the reason and provide proof of his/her new residence (such as driver's license with new address; new lease; utility bills in his/her name at another address):

Name(s): _____

Current address: _____

My family income has changed. My new income is as follows:

EMPLOYMENT

New Employer: _____ ***Phone #*** _____ ***Hire Date:*** _____

Address: _____ ***Fax #*** _____

_____ ***Zip Code:*** _____

Update Form (Employment/Child Care)

Former Employer: _____ Phone # _____

Fax Number: _____ Email Address: _____

Address: _____ Last date of work: _____

Increase or Decrease in earnings with Current Employer: _____

Effective date of change: _____ Amount: \$ _____ How often paid: _____

Comments: _____

Changes in Income other than employment (explain): _____

If you are reporting **ZERO** income, each adult must complete a **Zero Income Declaration Form**.

My CHILDCARE has changed. My new childcare information is as follows:

Name of childcare provider: _____ Phone Number: _____

Address: _____

Amount paid: \$ _____ How often paid: _____

Is childcare paid by any person or outside agency? _____ Amount, if any, of reimbursement received? _____

Names of children and ages of children for whom care is provided: _____

Childcare is necessary for (*name*) _____ to work attend school seek employment.

OTHER CHANGES: List and describe any other changes that would result in an increase or decrease in the amount of rent you are required to pay (such as unanticipated medical or disability assistance expenses)

Interest in Housing: Check the box if you want to continue to be on the Low Income Housing Waitlist.

If you do not have interest in this, please let us know below. _____

WARNING:

Section 1001 of Title XVII of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

I certify that the above information is correct and I understand that any misrepresentation will be grounds for termination with the Section 8 Housing Voucher Program or Public Housing Program.

Tenant/ Applicant's Signature

Date

(PLEASE SIGN ATTACHED AUTHORIZATIONS/RELEASES OF INFORMATION)