

## ATTENTION CLIENTS SUBMITTING AN INTERIM CHANGE REPORT FORM

Your interim change form will be rejected and returned **if no supporting documentation is attached** and all forms are not **signed and filled out completely**. If you are unable to provide supporting documentation you must indicate that on a separate sheet.

**\*\*\*Please note that it can take 30-45 days to process an interim change or longer if supporting documentation is not attached.**

## WHAT TO SUBMIT AS ACCEPTABLE DOCUMENTATION

**New Employment:** Please provide a letter of hire that provides hours worked and rate of pay and/ or paystubs. If you are unable to provide either one then please provide employer contact information that includes address, phone number, fax number and contact person.

**Self-Employment:** Provide last year's tax return or notarized statement of self-employment. If submitting a notarized statement of self-employment, please provide a ledger that shows income received and expenses paid. Receipts should also be submitted.

**Loss of Employment:** Provide letter from employer that includes, name, address, phone and last day worked or employer contact information.

**Child Support:** Please provide a printout of payment received in the last 30-90 days and/or statement that includes case number(s). If this is a statement of direct paid child support, please provide a notarized statement reflecting the payments made, how often, and contact information.

**Verification of full or part time students:** Please provide student schedule and award summary of financial aid assistance or letter from institution indicating full or part time status.

**Removing person(s) from household:** Please provide proof that household member is no longer part of the household, such as utility bills or lease. If you are unable to provide this information, you must provide a notarized statement as to when household member was removed and provide a forwarding address if possible. Landlord must be informed.

**Adding member(s) to household:** Titusville Housing does not approve additions unless it is by birth, marriage, adoption or court-awarded custody. The Owner and Titusville Housing **MUST** approve. Please provide the owner approval letter, new member(s) birth certificate(s), social security card(s) and Photo I.D. (s).

**Custody:** You must provide documentation from the court or agency proving legal custody of minor child. A notarized statement **is not** acceptable proof of custody.

**Other Change:** Any other change must have documentation attached to the form.

**INTERIM CHANGE REPORT FORM**

The following information is needed ONLY if there has been a change in your family composition, income, current housing or living arrangements.

If you are a current Section 8 participant, **it is your responsibility to report all changes in family size and income to the Housing Authority, in writing, within ten (10) days of the date the change occurred**, according to your Housing Voucher and Titusville Housing Authority's Administration Plan.

Failure to do so could result in the termination of your Section 8 assistance. If the information has not been reported timely, an overpayment may have occurred and you may be required to reimburse the Housing Authority.

**PLEASE PRINT and complete entire forms.**

Date: \_\_\_\_\_

Client Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Check the box that applies to your Interim Change and Explain:**

**Family Member Name(s) with Change(s):** \_\_\_\_\_

☐ **INCOME INCREASE**-Effective Date \_\_\_\_\_ ☐ **INCOME DECREASE**-Effective Date \_\_\_\_\_

**\*If you are reporting Increase/Decrease of Hours/Pay – Submit the Last 4 to 6 Paystubs\***

- ☐ NEW JOB   ☐ LOSS JOB   ☐ JOB CHANGE   ☐ MORE HOURS   ☐ LESS HOURS  
☐ INCREASE/DECREASE IN PAY   ☐ UNEMPLOYMENT   ☐ CHILD SUPPORT   ☐ SSI/SOCIAL SECURITY  
☐ OTHER- CHANGES IN FAMILY INCOME (EXPLAIN): \_\_\_\_\_

☐ **EXPLAIN:** \_\_\_\_\_

☐ Current or ☐ Old Employer Name: \_\_\_\_\_

New Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

☐ Full Time   ☐ Part Time   Per Hour \$ \_\_\_\_\_

**Child Care Expense must be updated at this time or Child Care will not be processed with this interim change:**

☐ **CHILD CARE EXPENSE:** (Please check a box and explain your Child Care)

☐ New Child Care Provider   ☐ No longer require Child Care   ☐ Increase in Fees   ☐ Decrease in Fees

New Child Care Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

**Household Composition must be completed at this time:**

☐ **HOUSEHOLD COMPOSITION:** (You must complete for all household members and all income if any, use a separate sheet if need to complete all members.)

Name	Relationship	Sex	Age	SS/SSI, Wages, TANF, Unemployment, Child Support	Monthly / Weekly Income	Full Time Student Yes/No	Disabled Yes/No

☐ **Request to Add/Remove Family:** (Please check a box and explain your change below)

☐ Add Member -Effective Date\_\_\_\_\_ ☐ Remove Member -Effective Date\_\_\_\_\_

Please indicate the reason why:

---

---

---

---

All Household Composition Changes must have **Add/Remove Family Request Form** (separate form) completed by Client/Tenant and Landlord.

Titusville Housing Authority and the landlord must approve all additions to your household PRIOR to them moving in.

You must also provide Titusville Housing Authority with a Social Security Card, Birth Certificate, and Section 214 Status Form before they will be added to your household.

**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, true and complete and I understand that any misrepresentation will be grounds for denial or termination with the Section 8 Housing Voucher Program or Public Housing Program.

\_\_\_\_\_  
**CLIENT SIGNATURE**

\_\_\_\_\_  
**DATE**

**Identification #** \_\_\_\_\_  
Revised 04/10/2019

Driver's License

State ID/ Other