

## 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: \_\_\_\_\_

**\*Provide updated verification of any Child Care Expense\***

**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:

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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.

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**CLIENT SIGNATURE**

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**DATE**

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

Driver's License

State ID/ Other