

**Interim Change Form**  
**Instructions for Completing This Form.**  
**READ CAREFULLY & FOLLOW ALL INSTRUCTIONS**

1. Completing the Interim Change Form is required in detail. (ALL BLANKS MUST BE COMPLETED TO BE PROCESSED). **NOTE: BEFORE this can be accepted, YOU MUST provide verifications.**
2. ALL VERIFICATIONS MUST BE ON LETTERHEAD OR COMPANY GENERATED. (check stubs are company generated verifications.)
3. Attach the following information to the Interim Change Form if it applies to you: 2 recent consecutive check stubs for new job or change in hours at current job, TANF or Food Stamp award letter, Child Support printout, SSI/SS verification of income, Unemployment award letter or printout of amount (include PIN # for access online). For family assistance & childcare, provide a written verification from the person stating the amount of the financial assistance. If reporting no longer receiving income or assistance, you must provide written proof from whoever used to provide the assistance.
4. If you are reporting the birth, custody or adoption of a child . A copy of the actual birth certificate, social security card, and custody or adoption paperwork must be attached. (**Birth cards/ form request for social security card will not be accepted.**)
5. If now married, you will need to supply a copy of the spouse's birth certificate, social security card, marriage license, 2 recent consecutive check stubs or a letter of verification from the employer indicating their earnings. Before spouse can be added to the lease a police screening will need to be done. You will receive an appointment for spouse to come into the office.

**DOCUMENTS SUBMITTED WITHOUT PROPER VERIFICATIONS WILL NOT BE ACCEPTED!!! IF THEY ARE ACCEPTED, THEY WILL NOT BE PROCESSED, BUT WILL BE RETURNED TO YOU, DELAYING THE PROCESS EVEN MORE.**

**YOU ARE RESPONSIBLE FOR PAYING YOUR PORTION OF RENT UNTIL YOU RECEIVE A WRITTEN CHANGE NOTIFICATION.**

**Thank you,  
Mobile Housing Board Housing Choice Voucher Program**



## Housing Choice Voucher Program (HCVP) Interim Change Form

Dear Participant:

The following information is needed ONLY if there has been a change in your family composition or income. As a current HCVP participant, it is your responsibility to report all changes in family size and income to the MHB. You will receive an official change notice upon completion of your interim change advising you of the exact amount of your new rent share effective on the start date of your change.

### PLEASE PRINT AND COMPLETE ENTIRE FORM (FRONT AND BACK).

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers(s): Home: \_\_\_\_\_ Cell or Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

### CHECK THE BOX THAT APPLIES TO YOUR INTERIM CHANGE:

#### INCOME : (Please check a box and explain your change below)

- New Job       Loss of Job       More Hours       Less Hours       Increase/Decrease in Pay  
 SSI/Social Security       Unemployment       Child Support

New Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

When did you start? \_\_\_\_\_

Former Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

When did you leave? \_\_\_\_\_

#### Income OR other change:

\_\_\_\_\_  
\_\_\_\_\_

**IF YOU ARE REPORTING ZERO INCOME, YOU MUST COMPLETE THE ZERO INCOME CERTIFICATION AND ATTACH IT TO THIS FORM.**

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