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

- Completing the Interim Change Form is required in detail. (ALL BLANKS MUST BE COMPLETED TO BE PROCESSED). <u>NOTE: BEFORE this can be accepted, YOU MUST</u> <u>provide verifications.</u>
- 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.
- 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 <u>will not</u> 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 Addres	S:							
Telephone Num	nbers(s): Home: _		Cell or Work: _	Cell or Work:				
Email Address:								
	CHECK THE E	BOX THAT APPLIES TO	O YOUR <u>INTERIM</u>	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 Se	ecurity	Unemployment	Child Support					
New Employer:			Phone:					
Address:								
When did you s	tart?							
Former Employ	er:		Phone:					
Address:								
When did you le	eave?							
Income OR oth	ner change:							

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

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CHILDCARE

New Childcare Provid	er 🗖 N	o Longe	er Have C	hildcare	Increase/Decrease in Fees
Name of Childcare Provider:		Phone:			
Address					
Amount paid?		D Wee	ekly	Bi-Weekl	y DMonthly
Household Compositio	<u>n</u>				
Add Member	Remo	ve Mem	iber		
Name	Relationship	Sex	Age	SSN	DOB

Please Note: If you are removing a family member from your household, please indicate the reason why and verification of the new address for that family member must be attached (copy of lease or post office change of address verification).

YOU MUST HAVE A SOCIAL SECURITY CARD AND BIRTH CERTIFICATE FOR ANYONE BEING ADDED TO YOUR HOUSEHOLD. THEY CANNOT BE ADDED WITHOUT THESE DOCUMENTS. THEY SHOULD NOT MOVE INTO YOUR ASSISTED UNIT WITHOUT APPROVAL. ALL PERSONS OVER THE AGE OF 18 MUST UNDERGO A BACKGROUND CHECK.

WARNING: Section 1001 of the Title XVII of the United States Code makes it a criminal offense to make willful statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction. By your signature below you certify the above information is correct and you understand that any misrepresentation will be grounds for termination of your Housing Choice Voucher Assistance.

Participant Signature	[Date
MHB ONLY:		
Date Received	By Whom	Action Taken

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Interim Change Form, revised 05/03/12