

REQUEST FOR CHANGE

Thank you for your request for an Interim Reexamination Packet due to changes in your family circumstances. This form is used to report:

- Income: increase or decrease
- Household composition: add or remove a member
- Assets: increase or decrease
- Expenses: increase or decreases for medical, childcare or disability assistance
- Student status, for persons ages 18 or older who attend or no longer attend school full-time

Changes must be reported within 10 days. Please review the checklist for documents needed to process your request. **Note:** failure to submit required documentation will result in your request being denied or delayed. Changes in rent will not be processed until we have received all required documents.

Head of Household must complete and sign *all forms* where required. Household members 18-years or older are required to sign each form pertaining to their requested change. Please see below for additional instructions:

1. Complete only the sections that pertain to the change you are reporting.
2. If there is a household member with no income, the Zero Income Statement must be completed and signed by the member 18 years of age or older.
3. Attach documentation only for the change you are reporting. For example, if you are no longer employed, please submit a copy of the separation notice from your employer.

It is our goal to process your changes as quickly as possible. It is important that you provide us with complete information in order to expedite your request. Failure to supply required verification documents will delay processing your request.

VERIFICATON CHECKLIST

Please attach required verifications prior to submitting your request

Adding Income/Reducing Income

- Provide two (2) current and consecutive pay stubs (bi-weekly, semi-monthly, and monthly) or four (4) current and consecutive pay stubs (weekly), or four (4) weeks of current and consecutive pay stubs (daily). All must be dated within the last 60 days.
- Provide an offer letter on company letterhead that includes rate of pay and number of hours per week
- Provide Social Security or SSI benefit award letter(s), TANF, unemployment, adoption subsidy, etc.
- Provide verification of all other income, self-employment, child support, pensions, contributions, worker's compensation, etc.

Removing Income

- Provide a separation letter on company letterhead
- Termination letter of benefits, i.e. child support, Social Security, SSI, unemployment, TANF, etc.
- If a household member has zero income as a result of the change, the Zero Income Statement must be completed and signed by the member

Adding New Household Member(s) – Family Composition

- If adding a minor as a result of birth, adoption, or court-awarded custody, provide birth certificate and social security card, verification of adoption or verification of court-awarded custody within 10 business days
- Complete Declaration of Citizenship Status for minors being added.
- If an adult is being added, it must be due to marriage. Provide marriage certificate (if applicable)

Removing Household Member(s) – Family composition

- Complete ALL sections including their new address.

Adding or Removing Assets

- Provide bank statements, verification of stocks, bonds, certificates of deposits, life insurance policy, etc.

Change in Expenses – Medical, Disability Assistance Expense, Childcare

- Provide a print-out from medical provider showing amount paid out of pocket for the past 12 months, or a copy of a new monthly premium, amount for apparatus, attendant care, etc. (must qualify)
- Provide a written statement from the childcare provider indicating child's name, amount received and frequency (weekly, bi-weekly, or monthly). Statement must include provider's contact information (must qualify)

Change in Student Status

- High school student (most recent report card or schoolschedule)
- College student (verification of full-time student status)

Date: _____

Section I: Information for Head of Household

Name		
Address		
City	State	Zip
Phone	Cell Phone	
Email Address		

Section II: Change of Employment Income

Please complete for the household member that has a change in income. Please indicate if the income is an increase or decrease

Income increase

Income decrease

Household Member Name		
Name of Employer		Employer Address
City	State	Zip
Phone Number		Fax Number
Start Date		End Date
Annual Pay		

Income increase

Income decrease

Household Member Name		
Name of Employer		Employer Address
City	State	Zip
Phone Number		Fax Number
Start Date		End Date
Annual Pay		

Section III: Change of Income: Other

Please complete for the household member that has a change in income. Please indicate if the income is an increase or decrease

Income increase

Income decrease

Household Member Name	
Income Source	Effective Date
Monthly Amount	

Household Member Name	
Income Source	Effective Date
Monthly Amount	

Household Member Name	
Income Source	Effective Date
Monthly Amount	

Section IV: Change in Student Status

Please complete for the household member age(s) 18 and older whose status has changed.

Household Member Name	
<input type="checkbox"/> Currently a full-time student	<input type="checkbox"/> No longer a full-time student
Educational Institution Information	
Name of School	
Address	
Phone	Fax

Section V: Removing Household Member(s)

Please complete for household member(s) that are being removed.

Household Member 1		
Name	Effective Date	
New Address		
City	State	Zip
Social Security Number	Date of Birth	

Household Member 2		
Name	Effective Date	
New Address		
City	State	Zip
Social Security Number	Date of Birth	

Section VI: Adding New Household Member(s)

Please complete for new household member(s) that are being added.

	Household Member 1	Household Member 2	Household Member 3
Last Name			
First Name			
Social Security #	- -	- -	- -
Date of Birth	/ /	/ /	/ /
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Relationship to Head of Household			
Race	American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White	American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White	American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Information

Please complete the section below to report any other changes in family circumstances and/or provide additional details regarding the change(s) that you are reporting.

Disclaimer: I hereby certify under the penalty of perjury that the declarations I have made in this document are true and complete. I understand and acknowledge that any knowing or willful misrepresentations of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including but not limited to fine or imprisonment, or both under the provision of Title 18 of the United States Code (USC) Section 1001.

Signature of Head of Household

Date

OFFICE USE ONLY

Received by: _____

Date: _____