

HCV INTERIM CHANGE REQUEST FORM

Address Apt. # City State ZIP Code													
Home Phone Work Phone Cell Phone Other Phone HouseHold Composition Change Relation: head of household, soouse, donestic partner, co-head, son, daughter, foster child/adult, live in aide, other adult Race: Black/faican American, American Indian/Alsaks Alahve, Asian, Native Hawaisan/Other Pacific Islander, White Would like REMOVE the following Household Member: Last Name First Name MI Date of Birth Sax (MF) Relation Reason for Removal: New Address: In order to remove a Household Member, you must provide the following: Under 18: Court-Awarded Change of Custody or School Record showing new address and notarized statement from HOH indicating date of removal Would like ADD the following Household Member: Last Name First Name MI Date of Birth Sax (MF) Relation Would like ADD the following Household Member: Last Name First Name MI Date of Birth Sax (MF) Relation Pack of Birth Sax (MF) Relation Reason for Addition: In order to add a Household Member, you must provide the following: Reason for Addition: In order to add a Household Member, you must provide the following: Birth Certificate, Social Security Card or Immigration Documents, Marriage Certificate (if applicable), Proof of Income, Landford Approval, Proof of Currer Address, Most Recent Tax Relation or Verification of Non-Filing Name and Full Address and Phone Number or Email Address of NEW Income before Income. Name and Full Address and Phone Number or Email Address of NEW Income before Income. Name and Full Address and Phone Number or Email Address of NEW Income before Income. Name and Full Address and Phone Number or Email Address of NEW Income before Income. Name and Full Address and Phone Number or Email Address of NEW Income before Income. Name and Full Address and Phone Number or Email Address of NEW Income before Income. Name and Full Address and Phone Number or Email Address of New Income before Income. Name and Full Address and Phone Number or Email Address of New Income before Income Income Source Name and Full Address and Phon	Voucher Numbe	r Head of	Household Name			Social Sec	urity Nu	mber	Email	Address			Date
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You must provide 3 consecutive pay stubs or other verification of income and document showing date of change.



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Household Member Name	Description, Full Address and Phone Number or Email Address of Medical Expense	Total Unreimbursed Medical Expense	How Often Do You Pay?	How Long Will You Pay?
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Reason for Medical Exp	ense Increase (do <u>not</u> provide specific medical information):	<u> </u>		
You must provide a bill or stat	tement for any expenses			
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I am reporting an INC	REASE in child care expenses: minor under 13 where child care allows an adult HH member to work, g	o to school or seek work)		
Minor's Name	Name, Full Address and Phone Number or Email Address of Child Care Provider	Total Unreimbursed Child Care Expense	How Often Do You Pay?	Date of Change
		\$		
		\$		
Reason for Child Care E	expense Increase and list Adult Household Member(s) All	owed to Work:		
You must provide a bill or stat	tement for any child care expenses.			
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Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.



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The following documents are considered proof of income or expense/assets changes:

- Two (3) consecutive paystubs for all employment income
- Bank statements
- Current statement of income from SS, SSI, SSDI and state disability (call 855-488-0541 for a state disability benefit letter)
- Current Unemployment Benefits and/or Worker's Compensation statement(s) or award letter
- Current Welfare/TANF & Food Stamp budget letter (including case make-up)
- Current statement(s) and/or court order(s) for Child Support and Alimony
- Current statement of any regular Financial Contribution received by any member, including but not limited to, any funds to pay bills (must be signed and dated by the person/organization making the contribution)
- Current statement of any Other Income not listed above
- If any household member is self-employed (has their own business), the last filed Tax Return (1099 and all tax schedules) and most recent Accounting Ledger
- If you or a spouse/co-head is disabled or 62 or older, current statement(s) showing Medical Expenses and/or Medical Insurance Premiums
- If you pay for dependent care to allow an adult to go to work or school, a current statement showing care provider, how much you pay for childcare and child(ren) receiving care

To REMOVE a household member from your voucher you must provide:

- Documentation of the leaving household member's new place of residence AND
- A notarized statement from the head of household indicating the date of change

To ADD a household member you MUST provide:

The forms below signed by the adult seeking to join your household:

- Arrest Record Investigation Sheet
- Authorization for the Release of Information (HUD-9886)
- Debts Owed to Public Housing Agencies
- Consent for Release of Information to CMHA

AND the following documentation for the new household member:

- Birth certificate and proof of Social Security number for any new household member
- If new household member is a **child**: adoption papers or court awarded custody order
- Photo ID for new adult household members (18 and older)
- Proof of immigration status for any new household member not a U.S. citizen (INS document/Green Card)
- Four (4) consecutive paystubs for all employment income
- Current statement of income from SS, SSI, SSDI
- Current Unemployment Benefits and/or Worker's Compensation statement(s)
- Current Welfare/TANF & Food Stamp budget letter (including case make-up)
- Current statement(s) and/or court order(s) for Child Support and Alimony
- Current statement of any regular Financial Contribution received by any member, including but not limited to, any funds to pay bills (must be signed and dated by the person/organization making the contribution)
- Current statement of any Other Income not listed above
- Two (2) consecutive monthly statements for all Checking Accounts held solely or jointly by new household member
- Current statement for any and all of the following held solely or jointly by new household member: Savings Accounts, Stocks, Bonds, CDs, Life Insurance, Trusts, Annuities, Money Market Accounts and/or any other assets
- If the new household member is self-employed (has their own business), the last filed Tax Return (1099 and all tax schedules) and most recent Accounting Ledger
- If any household member is a full-time student 18 or older, Verification of Full-Time Student Status (statement from educational institution)



DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Read the Declaration statement carefully then sign and return to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I certify, under penalty of perjury, that, to the best of r (check the appropriate box, check only one):	my knowledge, I am lawfully within the Uni	ted States because
☐ I am a citizen by birth, a naturalized citizen of I have eligible immigration status and I am 6 copy of Driver's license, birth certificate, status I have eligible immigration status as checked Attach INS document(s) evidencing eligible Immigrant status under § 101(a)(20) of the Immigrant residence under §249 of INA, see ☐ Parole status under §207, 208, or 203 of the Immigrant to life or freedom under §243(h) of the ☐ Amnesty under §245A of the INA, see instruction	s2 years of age or older. Attach evidence of the identification), see instruction #1; or d below (see reverse side of this form for estimmigration status and signed verification migration and Nationality Act (INA), see instruction #3; or NA, see instruction #4; or INA, see instruction #6; or	explanations).
Note: For family members with different citizensh	ip status, complete a separate form.	
List all Family Members: Parent or Guardian mus of age. (DO NOT sign child's name)	t sign their own name for family membe	er(s) under 18 years
First, Middle Initial, Last Name (Head of Household)	Signature of Head of Household	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	 Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	 Date

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