



CHANGE IN HOUSEHOLD NOTIFICATION FORM (HUD Interim Certification)

This form is used to report:

- **Income, increase or decrease, this includes residents reporting Zero Income.**
- **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 **immediately**.

Failure to do so within 10 days is considered a lease violation and resident will receive notice of non-compliance.

Instructions

Please review the checklist for documents needed to process your request.

Failure to submit required documentation will result in your request being denied or delayed.

Head of Household must complete and *sign all forms* where required. Household members age 18 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. All adults 18 and older must sign the Authorization for the Release of Information Privacy Act Notice-HUD form 9886 and the Third - Party Consent form.
3. 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.
4. 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 important that you provide us with the requested information/documents to process your request. Failure to supply documents will delay processing your request.



HOUSEHOLD CHANGE (INTERIM CERTIFICATION) REQUEST

Property	Head of Household Name	Social Security Number	Date
Address		City, State, ZIP Code	
Home Phone	Work Phone	Cell Phone	Email Address

I. HOUSEHOLD COMPOSITION CHANGE

Relation: head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live in aide, another adult

I would like to REMOVE the following Household Member:

Last Name	First Name	MI	Date of Birth	Sex (M/F)	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				
18 or older:	Utility Bill, Lease or Statement from New Landlord showing new address and notarized statement from HOH indicating date of removal				

I would like to ADD the following Household Member (s):

Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation
Disability Yes No	U.S. Citizen Yes No	Full-time Student Yes No	Race	Hispanic/Latino Yes No	Social Security # or Alien Registration #
Reason for Addition:					
In order to add a Household Member, you must provide the following:					
Under 18:	Birth Certificate, Social Security Card, Court-Awarded Custody (if applicable), Landlord Approval (unless added by birth)				
18 or older:	Birth Certificate, Social Security Card or Immigration Documents, Marriage Certificate (if applicable), Proof of Income, Landlord Approval, Proof of Current Address, Most Recent Tax Return or Verification of Non-Filing				

Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation
Disability Yes No	U.S. Citizen Yes No	Full-time Student Yes No	Race	Hispanic/Latino Yes No	Social Security # or Alien Registration #
Reason for Addition:					
In order to add a Household Member, you must provide the following:					

Under 18:	Birth Certificate, Social Security Card, Court-Awarded Custody (if applicable), Landlord Approval (unless added by birth)
18 or older:	Birth Certificate, Social Security Card or Immigration Documents, Marriage Certificate (if applicable), Proof of Income, Landlord Approval, Proof of Current Address, Most Recent Tax Return or Verification of Non-Filing

II. INCOME CHANGE

I am reporting an INCREASE in income:

Household Member Name	Name and Full Address and Phone Number or Email Address of Income Source	NEW Income before any Deductions	How Often?	Date of Change
		\$		
Reason for Income Increase:				

I am reporting a DECREASE in income:

Household Member Name	Name and Full Address and Phone Number or Email Address of Income Source	NEW Income before any Deductions	How Often?	Date of Change
		\$		
Reason for Income Decrease:				
You must provide verification of income and/or documentation or supply contact information to our office so that we can obtain verification of income.				

III. EXPENSE CHANGES

I am reporting an INCREASE in medical expenses:

ONLY for households with Head/Co-Head/Spouse is disabled or 62 or older)

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?
		\$		
Reason for Medical Expense Increase (do <u>not</u> provide specific medical information):				
You must provide a bill or statement for any expenses.				



I am reporting an INCREASE in childcare expenses: (ONLY for households with a minor under 13 where childcare allows an adult HH member to work, go 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 Expense Increase and list Adult Household Member(s) Allowed to Work:				
You must provide a bill or statement for any childcare expenses.				

I am reporting a DECREASE in childcare expenses:

(ONLY for households with a minor under 13 where childcare allows an adult HH member to work, go 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 Expense Increase and list Adult Household Member(s) Allowed to Work:				
You must provide a bill or statement for any childcare expenses.				

I am reporting an INCREASE in disability assistance expenses:

(ONLY for households with a disabled member where some form of disability assistance allows an adult HH member to work, go to school or seek work)

Disabled Household Member's Name	Description, Full Address and Phone Number or Email Address of Disability Assistance Expense	Total Unreimbursed Disability Assistance Expense	How Often Do You Pay?	How Long Will You Pay?
		\$		
Reason for Disability Assistance Expense Increase and list Adult Household Member Allowed to Work :				
You must provide a bill or statement for any disability assistance expenses.				



IV. CERTIFICATION STATEMENT

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the Interim Request form and certify that the information shown is true and correct.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance. I/We also understand that I/we may be required to repay any housing assistance over payments made to landlord on our behalf.

Signature of Head of Household

Date

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.

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

- Four (4) consecutive paystubs for all employment income
- Current statement of income from SS, SSI, SSDI and state disability (call 855-488-0541 for a state disability benefit letter or you may log onto www.ssi.gov)
- Current unemployment benefits and/or worker's compensation statement(s) or award letter
- Current welfare benefits letter
- 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 unit you must provide:

- Documentation of the leaving household member's new place of residence

AND

- A 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:**

- CHA Application
- Authorization for the Release of Information (HUD-9887/9778-A)
- Consent for Release of Information

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 benefits letter
- 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
- Six (6) 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)
- If any household member is a full-time student 18 or older, Verification of Full-Time Student Status (statement from educational institution)

