

REQUEST FOR INTERIM RECERTIFICATION

Participant Name:		Address of Unit:
Today's Date:	Date Change Occurred:	Phone:

As a Participant in the Rosenberg Housing Choice Voucher (HCV) Program, it is your responsibility to report all changes in family size and income, in writing, within ten (10) days of the date the change occurred. This change will require additional documents for verification, as stated on the attached page.

- Income
 - New Job Loss of Job More Hours Less Hours Increase/Decrease in Pay Contribution
- Change in Household Composition
 - Reduction in household member
 - Addition of a family member due to birth, adoption or court-awarded custody
- Other: _____

If you are reporting a change in income, please provide the family member name(s) and information below:

Income Increase or Decrease. List all changes to household income:		
Name	Previous Income Source and Amount	Current Income Source and Amount

If you are reporting or requesting a change in household composition, please provide the family member name(s) and information below. Please note that any addition to the household that is not due to birth, adoption or court awarded custody must be approved by the Rosenberg Housing Authority prior to the household member moving in to the unit.

Family Composition Change. List all family members requested to be added or removed.					
Name:	Soc. Sec. Number:	Sex:	Race:	Ethnicity:	Elderly and/or Disabled?
Relationship to Head of Household:	Birth date:	Moving In or Out?			
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Relationship to Head of Household:	Birth date:	Moving In or Out?			

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that the necessary information for verification be provided within fourteen (14) days of the change. I am responsible for ensuring that my case reflects accurate information and that I pay the appropriate rent in accordance with this change.

Signature of Head of Household: _____

Date: _____

Verification Paperwork Due Date: _____



- Employment Verification – Old Job Employment Verification – New Job

Other: _____



INTERIM NOTIFICATION POLICY

All changes in Family Composition and Income must be reported to the housing authority within 10 days of the occurrence. All necessary documentation required for the change must be submitted within 14 days of the change being reported.

Changes in Family Composition

For the addition of a family member as a result of birth, adoption or court-awarded custody:

1. Fill out the attached Request for Interim Adjustment Form.
2. Provide the birth certificate, social security cards and court-awarded custody papers (if applicable)

For the addition of any other family member:

1. Fill out the attached Request for Interim Adjustment Form.
2. Schedule an appointment with the Housing Counselor to request approval for the addition of the new family member.
3. Provide the birth certificate, social security cards and income of additional family member.

For the removal of a family member:

1. Fill out the attached Request for Interim Adjustment Form and indicate the family member you wish to remove.
2. Provide an updated lease with the family member removed.

Changes in Income or Expenses

For a change in income:

1. Fill out the attached Request for Interim Adjustment Form.
2. Previous and current employer must fill out an separate employment verification forms.
3. Provide at least 2 pay stubs for current employer.

For a loss of income:

1. Fill out the attached Request for Interim Adjustment Form.
2. Previous employer must fill out a employment verification form.

For reporting new income:

1. Fill out the attached Request for Interim Adjustment Form.
2. Previous employer must fill out a employment verification form.
3. Provide at least 2 pay stubs for current employer.

For reporting a new/change in medical or child care expenses

1. Fill out the attached Request for Interim Adjustment Form.
2. If reporting child care expenses, child care provider must fill out the attached Verification of Child Care Expense Form, or provide a written statement on their letterhead stating the child care amount received.
3. If reporting medical expenses, provide copy of all medical expenses. (receipts, pharmacy printouts, etc.)