



*Interim Change*

This form **MUST** be filled out **COMPLETELY BEFORE** any adjustment to your assistance can be made.  
**Your change cannot be completed until all verifications are received.**

READ DIRECTIONS THOROUGHLY. Please print using an ink pen. Fill in for all household members.

Name of Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_  
street address city, state zip code

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Message: \_\_\_\_\_

Name of Person with Change \_\_\_\_\_ S.S. # \_\_\_\_\_

**Reporting Change in:**

**Household Income: If reporting you have zero income; YOU MUST fill out the ZERO INCOME FORM.**

- Decrease in Income     Increase in Income     Decrease in Family Size     Increase in Family Size  
 Other: \_\_\_\_\_

Employment:     New Job    New Employer Name \_\_\_\_\_ Phone: \_\_\_\_\_  
                    Old Job    Old Employer Name \_\_\_\_\_ Phone: \_\_\_\_\_  
                    Current Employer Wage/Hours Change    Increase \_\_\_\_\_    Decrease \_\_\_\_\_

Social Security/SSI Benefits:     Welfare/TANF Benefits:     Self Employment:     Unemployment:

Child Support:     Pension (VA, Military, Retirement)     Regular Contributions from Relative or Friend

**Child Care: Must provide a notarized statement and/or receipts showing the amount you pay.**

New Child Care:  Provider Name \_\_\_\_\_  No longer pay Child Care

**Change in Family Composition:** List ONLY people you wish to add /remove from household. See procedures below.

	Relation to Head of Household	Add to Lease (X)	Remove from Lease (X)	Social Security Number	Date of Birth	Birth Place	Race
1				xxx-xx-			
2				xxx-xx-			
3				xxx-xx-			
4				xxx-xx-			

**Changes in Family Composition: addition to family requires all Birth Certificate, Social Security Card & Picture ID**

Addition of Adult in household can take 2 to 4 weeks for approval. The person you are adding must not reside in your unit until EHA approval. Upon approval you must provide a letter from your landlord stating you have added the person to the lease.

**Add Adult** – The person to be added must fill out all adult paperwork in the office and provide income, assets and deduction verifications. EHA will do the criminal history.

**Add Child** – The parent or legal guardian must provide legal custody paperwork to add children that are not newborns.

**Remove Adult** – Voucher holder must provide proof of person no longer living in household. This proof can be a lease, utility verification, new ID, Landlord notarized statement to verify residence.

**Add Live in Aid** – Head of Household must provide a doctor’s statement to establish need for live in aid. The person to be added must fill out all adult paperwork and provide requested verifications.

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**Certification of Participant and Release of Information**

*I certify by my signature that all the information I have reported herein is true and complete. I have read and understand this Interim Change and my responsibilities.*

1. **ALL** changes in income for all household members must be reported in writing within 10 days of the change.
2. **ALL** changes **NOT** reported within the **ten (10) day** reporting period **WILL NOT** receive a 30 day notice in the event of an increase.
3. **ALL INFORMATION & VERIFICATIONS from the agency/employer** must be received in this office by the **20th of the current month** in order for the change to be processed by the 1st of the following month.
4. **The Voucher Holder is responsible for the current rent until all changes are processed. Tenant will be notified by mail when change is completed. Rent and income changes will not be released over the phone.**

I, \_\_\_\_\_, of \_\_\_\_\_ do hereby authorize

**Name**

**Address**

any agencies, offices, groups, school, organization or business firm to release to the Evansville Housing Authority any information or materials which are deemed necessary to complete my application for participation and/or to maintain my continued eligibility in any housing program. I understand and agree that this authorization of the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I understand and agree that HUD or the Evansville Housing Authority may conduct computer-matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U. S. Postal Department; the Social Security Agency, and State welfare and food stamp agencies.

These organization's and/or individuals are to include, but not be limited to:

Previous Landlords	Courts & Post Offices	Schools & Colleges
Law Enforcement Agencies	Attorneys	Social Security Administration
Financial Institutions	Unemployment Agencies	Veterans Administration
Welfare Department	Child Care Providers	Utility Companies
Public & Private Retirement	Past & Present Employers	Medical Providers
Credit Providers & Bureaus	Child Support Providers	Alimony Providers

This Authorization shall continue from the date of signature and such time the Evansville Housing Authority is notified in writing that the authorization is cancelled. I agree that a photocopy of this authorization may be used for the purpose stated above.

**Signature of Head of Household:** \_\_\_\_\_ **Date** \_\_\_\_\_