

Housing Authority Of Pompano Beach



For Office Use	Tenant Number		
	AR Date:		
	Date IR Requested:		
	Date Verification Process COMPLETE		
ONLY	Effective Date of IR:	Decrease	Increase
		Interim	Annual
Date Transaction was ran:			
HAPB Counselor:		___ IR	___ UT

INTERIM/Change REQUEST

NOTE: This form with ALL required verification must be received by the Counselor before an Interim Re-examination can be processed.

a. INCREASES:

Once all documents have been received and verified, the rent changes are effective on-the first of the month, following (30) days notice.

An appointment will be scheduled for you to discuss with your Counselor and a Notice of Rent Change letter provided for each change within (30) days of request.

b. DECREASES:

Once all documents have been received and verified, the rent changes are effective on-the first of the following month the change is reported to the Housing Authority of Pompano Beach. Decreases will NOT be retroactive until the Participant has submitted the required verification, within (10) days of the change.

Tenant Name: _____ *(Head of Household)*

Name of person reporting the change: _____ Date: _____

Email Address: _____ Tel # _____

Are YOU CURRENTLY in the process of **MOVING**? (Please Circle One) **Yes / NO**

- I hereby request my rent to be reviewed utilizing the information being provided by me or my family member.
- I understand any reduction, because of this request requires me to immediately report any future changes.
- I understand that I am responsible for all verifications.

(CONTINUED ON BACK)

My circumstances have changed for the following reason(s): (CHECK AND COMPLETE *ALL* THAT APPLY)

<input type="checkbox"/>	My Household is receiving NEW income from: <i>(NAME of family member)</i>	Provide NAME, ADDRESS & PHONE number of income source: NAME: _____ ADDRESS: _____ PHONE: (____) _____ - _____ FAX: (____) _____ - _____
<input type="checkbox"/>	My Household has LOST income from: <i>(NAME of family member)</i>	Provide NAME, ADDRESS & PHONE number of income source: NAME: _____ ADDRESS: _____ PHONE: (____) _____ - _____ FAX: (____) _____ - _____
<input type="checkbox"/>	My Household has experienced an addition due to <u><i>birth, adoption or court awarded custody.</i></u>	List new members: _____ _____
<input type="checkbox"/>	My Household is requesting to ADD another family member(s) to the household:	List PROSPECTIVE members: _____ _____
<input type="checkbox"/>	My Household is requesting to REMOVE a family member(s) to the household:	List members NO longer living in household: _____ _____
<input type="checkbox"/>	My Household is requesting a LIVE-IN-AIDE:	List PROSPECTIVE Live-In-Aide: _____ _____
<input type="checkbox"/>	OTHER	_____ _____ _____ _____ _____ _____

PARTICIPANT CERTIFICATION

I/We certify that the information being provided to the HOUSING AUTHORITY OF POMPANO BEACH for this Interim/Change Request on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief.

I/We also understand that false statements or information are grounds for termination of Housing Rental Assistance and Termination of Tenancy.

I/We understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal and/or State Criminal Law.

WARNING:

Section 1001 of the Title 18 of the United States Code make it a criminal offense to make willful false statements of misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction.

 Head of Household Date

 Other Adult Family Member Date

 Spouse or Other Adult Family Member Date

 Other Adult Family Member Date



PERSONAL DECLARATION

- ▶ PLEASE PRINT AND USE BLACK OR BLUE INK.
- ▶ THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING PRIOR TO YOUR APPOINTMENT.
- ▶ YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD.
- ▶ ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM IS TRUE AND COMPLETE.

I. HOUSEHOLD COMPOSITION: List all persons who will be living in your home, listing head of household first.						II. TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. <i>This includes money from wages, self-employment, child support, contributions, Social Security, disability payments, Worker's Compensation, retirement benefits, AFDC, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources.</i>							III. ASSETS: Answer EACH question for EACH FAMILY MEMBER. List all money earned or received by EACH family member living in your household on assets or investment. If yes to any, list below provide statements in accordance to the Appointment Check List.						
ADULTS (Over 18 yrs Old) (Legal Name)	Date of Birth	Relationship to the Head of Household	Social Security Number	Indicate if Married (F) Widowed (W) Single (S) Divorced (D)	Is this member subject to a LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT	Total Weekly Wages	AFDC/TANF Monthly	Food Stamps Monthly	Child Support Monthly	Social Security Benefits and/or Pensions	Un-Employment and/or Workers' Comp. Benefits	All Other Income	Does this member own or have an interest in any real estate, boat, and/or mobile home?	Has this member sold any real estate in the last two years?	Does this member own stocks or bonds?	Does this member have a checking account(s)?	Does this member have a savings account(s)?	Does this member have a Certificate of Deposit(s)?	Does this member own a car?
					Y / N	\$	\$	\$	\$	\$	\$	\$	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	Yr: Model Tag No.
						Name Employer (If applicable):													
					Y / N	\$	\$	\$	\$	\$	\$	\$	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	Yr: Model Tag No.
						Name Employer (If applicable):													
					Y / N	\$	\$	\$	\$	\$	\$	\$	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	Yr: Model Tag No.
						Name Employer (If applicable):													
					Y / N	\$	\$	\$	\$	\$	\$	\$	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	Yr: Model Tag No.
						Name Employer (If applicable):													

CHILDREN (UNDER 18 yrs Old) (Name as it appears on SS card)	Date of Birth	Relationship to the Head of Household	School Name	Absent Parent's Name	Is this member subject to a LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT	Total Weekly Wages	AFDC/TANF Monthly	Food Stamps Monthly	Child Support Monthly	Social Security Benefits and/or Pensions	Un-Employment and/or Workers' Comp. Benefits	All Other Income	Does this household member own or have an interest in any real estate, boat, and/or mobile home?	Has this member sold any real estate in the last two years?	Does this member own stocks or bonds?	Does this member have a checking account(s)?	Does this member have a savings account(s)?	Does this member have a Certificate of Deposit(s)?
					Y / N	\$	\$	\$	\$	\$	\$	\$	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#
						Name Employer (If applicable):												
					Y / N	\$	\$	\$	\$	\$	\$	\$	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#
						Name Employer (If applicable):												
					Y / N	\$	\$	\$	\$	\$	\$	\$	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#
						Name Employer (If applicable):												
					Y / N	\$	\$	\$	\$	\$	\$	\$	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#	No Yes \$ Acct#
						Name Employer (If applicable):												

PERSONAL DECLARATION, Continued

YOU MUST UPDATE YOUR CONTACT NUMBERS WITHIN (10) DAYS AFTER THEY ARE CHANGED.

Telephone Cell Phone Cell Phone

If separated or divorced, list name and address of spouse/ ex- spouse as follows:

S.S. No. (If known)

Absent Parent(s), List Name and Address

Name: Street Address: City and State: ZIP Code:

Name: Street Address: City and State: ZIP Code:

UTILITIES PAID BY THE FAMILY: CHECK ALL THAT APPLY.	<input type="checkbox"/> Water	<input type="checkbox"/> Electric Service (FPL)	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Insurance Policies
	<input type="checkbox"/> Sewer	<input type="checkbox"/> Telephone Service	<input type="checkbox"/> Propane Gas	<input type="checkbox"/> Loans (ALL TYPES)
	<input type="checkbox"/> Trash Collection	<input type="checkbox"/> Cellular Phone Service	<input type="checkbox"/> Cable/Satellite	<input type="checkbox"/> Other: (List)

OTHER FAMILY EXPENSES: CHECK ALL THAT APPLY.	<input type="checkbox"/> Child Care	<input type="checkbox"/> Care for a Disabled Family Member	<input type="checkbox"/> Medical Expenses for a Disabled or Elderly Family Member	<input type="checkbox"/> Other: (List)
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Answer all questions to the best of your knowledge and for ALL of your household members. Please take into consideration this is the family's personal declaration for Rental Assistance eligibility purposes.

Does **anyone** outside of your household pay for any of your bills or give you money? No If yes, explain. _____

Have you or any other adult members used any name(s) or Social Security numbers (s) other than the one you are currently using? No If yes, explain. _____

Have you or any other adult member lived in any assisted housing? No If yes, explain. _____

Have you or anyone in your household ever been **ARRESTED, CONVICTED OR PENDING CONVICTION** of any crime other than traffic violations since your last interview? No If yes, explain. _____

Have you ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing program? No If yes, explain. _____

List Name, Address and Telephone number for a Contact Person in case we cannot reach you.	Name: <input style="width: 170px;" type="text"/>	Street Address: <input style="width: 170px;" type="text"/>	City and State: <input style="width: 120px;" type="text"/>	ZIP Code: <input style="width: 40px;" type="text"/>
	Telephone: <input style="width: 110px;" type="text"/>	Cell Phone: <input style="width: 110px;" type="text"/>		

List Name, Address and Telephone number for a Contact Person in case we cannot reach you.	Name: <input style="width: 170px;" type="text"/>	Street Address: <input style="width: 170px;" type="text"/>	City and State: <input style="width: 120px;" type="text"/>	ZIP Code: <input style="width: 40px;" type="text"/>
	Telephone: <input style="width: 110px;" type="text"/>	Cell Phone: <input style="width: 110px;" type="text"/>		

I, do hereby swear and attest that all of the information above about me is true and correct.

I also understand that all changes in the income of any member of the household as well as any changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority in WRITING IMMEDIATELY.

SIGNATURE OF HEAD OF HOUSEHOLD	DATE	SIGNATURE OF SPOUSE or OTHER ADULT MEMBER	DATE	SIGNATURE OF OTHER ADULT MEMBER	DATE	SIGNATURE OF OTHER ADULT MEMBER	DATE
SIGNATURE OF OTHER ADULT MEMBER	DATE	SIGNATURE OF OTHER ADULT MEMBER	DATE	SIGNATURE OF OTHER ADULT MEMBER	DATE	SIGNATURE OF OTHER ADULT MEMBER	DATE