

PUBLIC HOUSING PROGRAM INTERIM CHANGE FORM

TO BE COMPLETED BY PUBLIC HOUSING PARTICIPANTS

Please continue to pay your current tenant rent portion until you receive written notice from your Management Office advising you of a change in your portion of rent.

Please complete all sections of this form and ANSWER all questions. DO NOT leave any questions blank. If a question does not apply write "N/A". If you do not understand a question, you may ask for an explanation during your interview or have someone else explain it to you.

WARNING: Making false statements on this document is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION.

Head of Household _____ Social Security # _____

Home Telephone Number _____ Cell Number _____

Street Address _____ Apt. # _____

Chesapeake, VA Zip Code _____ e-mail: _____

Family member with change: _____ Cell Number _____

What change are you reporting? (Please check all that apply)

New Employment

Unemployment

TANF

Zero Income

Child Support

Alimony

Student Status

Add a Family Member

Termination of Employment

SSI

Child Care Expenses

Foster Care Payments

Pension Income Family

Contributions Food

Stamps

Remove a Family Member

Self Employed

Social Security

Short Term Disability

Long Term Disability

Retirement Benefits

Medical Expenses

Other _____

Please explain the reason for this change:

New Income Source for (Family Member Name): _____

Source of Income: (Name of Employer/Agency/Provider): _____

Mailing Address: _____

City, State and Zip Code: _____

Effective Date: _____ If employment, amount per hour: \$ _____ Hours per week: _____

Contact Name/Supervisor: _____ Telephone # _____ Fax # _____

If employed, do you pay child care? NO _____ YES _____ Weekly Amount: \$ _____

Does an agency or anyone outside the family assist with or pay child care: YES _____ NO _____

If yes, who or what agency pays or assists with child care: _____

Amount: \$ _____ Weekly _____ Monthly _____

Previous Income Source for (Family Member Name): _____

Name of Employer/Agency/Provider: _____

Mailing Address: _____

City, State and Zip Code: _____

Contact Name/Supervisor: _____ Telephone # _____ Fax # _____

Effective date of termination of benefits, employment or other income: _____

Have you applied for unemployment? NO _____ YES _____

REPORTING CHANGE OF HOUSEHOLD COMPOSITION

I wish to ADD the following persons(s).

Name	Relation to Head	DOB	SS #	TELEPHONE #

- A criminal background check is required for all persons 18 years and older prior to being added to the household. The criminal history must be acceptable according to CRHA’s Occupancy Standards.
- Birth Certificates, Social Security Cards and Government Issued Pictured ID’s are required.

Source of Income: (Name of Employer/Agency/Provider): _____

Mailing Address: _____

City, State and Zip Code: _____

Contact Name/Supervisor: _____ Telephone # _____ Fax # _____

I wish to REMOVE the following person(s)**

Name	Relation to Head	Age	Reason

- Adult members 18 years and older will not be allowed to move back into the unit in the future

The information above is true to the best of my knowledge and I am aware that any false statements will be grounds for termination from the program.

WARNING! Title 18, Section 1001 of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.

Signature of Head of Household

Date

Signature of Spouse, Co-head, or other adult

Date

For Office Use Only

~~~~~  
Community Service Status \_\_\_\_\_ Community Service Forms Issued? Yes \_\_\_\_\_ No \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of PHA representative

\_\_\_\_\_  
Date Interim Completed