



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: _____

Present

Address: _____
street address city, state zip code

Phone Numbers: Cellular: _____ Other: _____

Email Address _____

EHA MUST receive 3rd party verification for all reported income changes before the change will be processed and a Notice of Change to Lease and Contract is mailed.
EHA must have supporting 3rd party verification no later the 20th of the month for Decreases to be effective on the 1st day of the month;
If the supporting 3rd party verification is received after the 20th for Decreases and is not processed by the 1st of, the change will be processed retroactively to the 1st;
At all times, you are responsible for paying your current portion of rent until you and your Landlord receive a Notice of Change to Lease and Contract from EHA.

What change are you reporting?:

- Decrease in Income Increase in Income Decrease in Family Size Increase in Family Size
Other: _____

Change in Household Income: List of acceptable verifications is listed on the back of this form.

Name of person in household with the change: _____

- New Job New Employer Name Phone:
Old Job Old Employer Name Phone:
Wage/Hours Change Employer Phone:

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

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

If you are now reporting that you have zero income, YOU MUST fill out the ZERO INCOME FORMS.

Child Care:

New Child Care Provider Name No longer pay Child Care

Cost you pay per month: \$ To receive the deduction off your income you must provide a notarized statement from the child care provider and/or receipts showing the amount you pay.

Change in Family Composition: List ONLY the people you wish to add or remove from household.
See below for procedures.

First & Last Name	Relation to Head of Household	Add to Lease (X)	Remove from Lease (X)	Social Security Number	Date of Birth	Birth Place	Race
1							
2							
3							
4							

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.

Signature of Head of Household: _____ **Date** _____

Verification methods acceptable for the following changes:

Changes in Household Income: Providing these verifications will reduce the wait time on processing the changes.

New Employment – Letter from employer stating hire date, rate of pay and average hours (varies is not acceptable), and/or check stubs.

Old Employment – Letter from employer stating last day of work.

Wage changes – Letter from employer stating the change, and/or 3 or more check stubs showing the change.

Social Security/SSI – Award Letter from the Social Security Administration

Welfare/TANF – Printout from the FSSA

Self-Employment – Federal Income Tax form 1040 and/or Self Employment form complete with receipts

Unemployment – Printout from Work One showing the award amount

Child Support – Printout from Child Support Office

Pension – Letter showing the amount along with effective date

Regular Contributions – Notarized statement from the person giving the contribution

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.



Marques Terry
Leased Housing Director

THE HOUSING AUTHORITY OF THE CITY OF EVANSVILLE

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411 S. E. 8th St.
Evansville, Indiana 47713

AUTHORIZATION FOR RELEASE OF INFORMATION

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 Social Security Number Date

Other Adult Signature Social Security Number Date

Other Household Members	Social Security Number	Signature/ Signature of Responsible Adult