

# Interim Change Request

## Virginia Housing | Housing Choice Voucher Program

Instructions: Complete this form to report a change in household composition, income, or expenses. Failure to properly provide supporting documentation may cause a delay in the timely processing of the certification. Failure to provide the supporting documents requested by the local housing agency, Virginia Housing, or HUD for use in a regularly scheduled examination or interim reexamination of family income and composition could result in termination.

Participant Name \_\_\_\_\_

Participant Address \_\_\_\_\_

Current phone # \_\_\_\_\_ Current Email Address \_\_\_\_\_

**Check the following that applies to the reported change:**

- HOUSEHOLD COMPOSITION**  
Add or remove a household member (s)- complete Section A
- HOUSEHOLD INCOME**
  - Increase – complete Section B
  - Decrease - complete Section C
  - Zero Income- complete Section D
- CHILD CARE - see** complete Section E
- HEALTH AND MEDICAL CARE EXPENSE - see** Section F
- OTHER:** \_\_\_\_\_

**SECTION A - CHANGE IN HOUSEHOLD COMPOSITION:**

- Request to add a household member.**

The following information must be included when requesting an addition to the household: Verification from the landlord stating the additional member(s) can be added to the household. Custody documents (for minors if applicable); Social Security card, birth certificate, and photo ID for adults 18 years or older.

Full Name	Relationship to Head of Household	Age	Does the Household Member have income Yes (Y) or No (N)	Disabled Yes (Y) or No (N)	Eligible Citizen Yes (Y) or No (N)	Fulltime Student Yes (Y) or No (N)

# Interim Change Request

## Virginia Housing | Housing Choice Voucher Program

If a new household member has income, please complete Section B.

Request to remove a household member.

List all persons who moved out within the last 30 days and provide verification to show permanent absences, such as another address or reason for no longer being in the unit.

Full Name	Move Date	Is There Verification to Confirm Permanent Absence ?

**SECTION B- INCREASE IN INCOME:** Please complete the following information (**This includes any new household members with a source of income**). If income is from employment, provide two of the most current consecutive pay stubs or a new hire letter if new employment is less than 30 days. For all other income, provide current documentation of income such as award letter of Social Security, Alimony, Supplemental Security Income (SSI), Veterans Administration Benefits, Retirement/Pension, Unemployment Compensation, Child Support, Temporary Assistance for Needy Families (TANF), General Relief (GR), contributions from relatives/friends, and any other income sources).

Name of Household Member	Income Source	Amount/Frequency

For new employment, please provide your new hire letter or the employer information if the new hire letter is not provided.

Employer's Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 EmployersEmailAddress: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Hire Date: \_\_\_\_\_

**SECTION C - DECREASE IN INCOME:** Please complete the following information and provide information for the decrease with all income sources i.e., child support or letter of denial or decrease for social security benefits, etc., If the decrease is due to loss of employment, complete the below and submit a separation letter from the employer.

Name of Household Member	Effective Date of Separation	Date of Last Paycheck	Income Source	Did you apply for another source of income, and if yes, what type? Yes (Y) No (N)

# Interim Change Request

## Virginia Housing | Housing Choice Voucher Program

**SECTION D - ZERO INCOME:** If you are reporting zero income. Complete the zero-income household affidavit.

Zero-income households will be required to recertify their household's zero income every 90 days.

**SECTION E - CHILD CARE:** Provide a current written statement from your childcare provider that includes the name of the child/children and frequency of pay (paid per week, bi-weekly, or monthly). The letter must include the provider's name, address, contact number, and email. This information will be verified.

**SECTION F - HEALTH AND MEDICAL CARE EXPENSES** For disabled households, provide third party documents as proof of current medical expenses expected to be paid that are not reimbursable. Verifications must include out of pocket cost incurred for the diagnosis, cure, mitigation, treatment, or prevention of disease or payments for treatments affecting any structure or function of the body. Health and medical care expenses include medical insurance premiums, pharmacy printouts or receipts, and proof of medical payments anticipated for the next 12 months or the period for which annual income is computed.

### **FAMILY ACKNOWLEDGMENT:**

This household certifies that the information given to Virginia Housing on household composition, income, net family assets, and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that giving false statements or information can be grounds for punishment under federal and state laws. I/We understand that providing false statements or information can be grounds for termination of housing. I/We hereby authorize Virginia Housing to verify the information provided and to contact all sources of income, and deductions, allowances, and household information to determine my eligibility for assistance.

Head of Household's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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.

**IMPORTANT:** *The household is responsible for paying their portion of rent until they receive notification that their portion has changed. Any changes reported without supporting documentation must be received by the local housing agency, Virginia Housing and verified before any changes can be made.*

**IMPORTANT:** If you or anyone in your family is a person with disabilities, and you require specific accommodation in order to fully utilize our programs and services or translation services, please contact the local housing office.

For TDD assistance - call Virginia Relay at 711

For office use only:

Check here if you reviewed the reported information and all required verifications has been requested or submitted by the family.

Date Received \_\_\_\_\_

Interim Effective Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_