

LYCHBURG REDEVELOPMENT & HOUSING AUTHORITY
918 COMMERCE STREET
LYNCHBURG, VA 24504
(Tel) 434- 485-7200 (Fax) 434-845-9144

HOUSING CHOICE VOUCHER / PUBLIC HOUSING INTERIM CHANGE FORM

Dear Participant:

The following information is needed **ONLY** if there has been a change in your address, family composition, income, current housing or living arrangements. It is your responsibility to report all changes in family size and income to the Housing Authority, in writing, within ten (10) business days of the date the change has occurred. Failure to do so may result in the termination of your housing assistance. If any overpayments are made on your behalf by the Housing Authority because a change was not reported timely, you will be required to reimburse the Housing Authority.

PLEASE PRINT and complete entire form (front & back).

Head of Household Name: _____ SSN: _____

Current Address: _____

Phone Number(s): Home No: _____ Work No: _____ Other: _____

Check the box that applies to your Interim Change:

My family composition has changed.

- I would like to add an individual to my household composition
- I am removing a household member

My new family composition is as follows:

Name	MI	Relationship	Sex	Age	SSN	DOB

Adding persons' into the household: *If you are requesting to add an individual into your household composition, we will need the following information prior to approving the person to reside in the assisted unit. If it is an adult, 18 years of age and over: Photo I.D., Birth Certificate, Social Security Card, Declaration 214 status, Authorization for the release of information, Criminal & Sex offender Background Information form. A criminal and sex offender background screening will be performed. The Housing Authority will inform you and your landlord in writing of the approval or denial of the addition. Under no*



circumstance is the individual allowed to reside in the assisted unit while pending approval. Allowing them to do so may result in the termination of your assistance.

If it is a minor child, 17 years of age and under: Birth Certificate, Social Security Card, and Declaration 214 status form. If the child is being adopted, is in your foster care, or if you have been granted legal guardianship, you must provide the Housing Authority with legal documentation that supports your claim. The Housing Authority will inform you and your landlord in writing of the addition.

Please Note: If you are removing a family member from your household, please indicate the reason why and provide at least 1 form of supporting documentation; i.e. copy of an updated lease reflecting the removal of the individual from the unit, or new address information (letter addressed to the person being removed from the household reflecting their new physical address).

My family income has changed. My new family income is as follows:

- Termination of Employment: Date _____
- New Employment: Date _____
- Social Security Increase Decrease
- SSI Increase Decrease
- TANF Increase Decrease
- Food Stamps Increase Decrease

Please Note: You must submit supporting documentation. For new employment you may submit current paycheck stubs or new hire letter on employer letterhead. In addition, you will need to sign an employment verification form.

New Employer: _____ Phone No: _____ Hire Date: _____

Address: _____ Hours worked: _____

_____ Rate of Pay: _____

Zip: _____ Pay schedule: _____

(Weekly, Bi-weekly, Semi-monthly, Monthly)

Former Employer: _____ Phone No: _____

Address: _____ Last date of work: _____

Increase or Decrease with Current Employer: EFFECTIVE DATE: _____

Amount of Decrease: \$ _____ hr/wk/mo/yr Amount of Increase: \$ _____ hr/wk/mo/yr

Comments: _____

Other changes in family income (explain): _____



Zero Income

I am claiming zero income.

Zero income is defined as having no source of financial assistance. If you receive any financial Contributions, you are not considered as having zero income. In this case, you will need to submit a letter from the Contribution source indicating their contact information, the amount of assistance they contribute to you and how often.

Please note: If you are reporting ZERO income, you must complete a Zero Income Declaration Form. Please request this form from the receptionist. The Department of Housing and Urban Development has determined that it is not possible for an individual to live on zero income for an extended amount of time. As a result, you will be automatically scheduled for a status update appointment every 60 days at which time you will need to complete a new Zero Income Declaration Form, if still claiming zero income.

My childcare has changed. My new childcare information is as follows:

- Increased
- Decreased

Please Note: You must submit a letter or invoice print-out from the childcare provider. The childcare provider must include the children they care for, the rate they charge you and how often they are paid. You will also need to sign a Childcare Expense form available at the receptionist desk.

Childcare

Name of childcare provider: _____ Phone No. _____

Address: _____

_____ Zip Code: _____

Amount paid: \$ _____ How often: Weekly Bi-Weekly Monthly

I do hereby make oath and swear and attest *under penalty of perjury*, that I have read the foregoing Interim Change Form and that all of the above facts and statements are true and correct. I understand that any misrepresentation or false information will be grounds for termination from the Section 8 Housing Choice Voucher Program or Public Housing Program.

Head of Household Signature

Date

RECEIVED BY:

LRHA Staff

Date

WARNING: Section 1001 of Title XVII of the United States Code makes it a criminal offense to make willful gales statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

