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** ________________

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Please explain the reason for this change:

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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

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Community Service Status__________________Community Service Forms Issued? Yes __________ No_______

Action Taken:____

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____________________________________ __________________________
Signature of PHA representative **Date Interim Completed**
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