



P 301.791.3168 F 301.791.2755 www.hawcmd.org

SECTION 8 INTERIM CHANGE FORM

It is the tenant's responsibility to provide H.A.W.C. with all supporting documents for the changes indicated below. **NO CHANGES WILL BE MADE UNTILL ALL DOCUMENTATION HAS BEEN RECEIVED AND VERIFIED. PLEASE SIGN ON THE BACK WHEN COMPLETED.**

Head of Household Name: _____ Soc. Sec. #: _____

CHANGES IN INCOME:

My income has: Increased Decreased

Family Member whose income has changed: _____

Old Income source: _____

Name and address of **NEW** source of income (Example: TCA, SSDI, Employment)

Phone Number: _____ Fax Number: _____

Hours per week: _____ Rate of Pay: _____ I get paid Weekly Bi-Weekly Monthly

Zero Income

I am claiming zero income.

Zero income is defined as having no source of formal financial assistance.

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 90 days at which time you will need to complete a new Zero Income Declaration Form, if still claiming zero income.

Comments:

CHILD CARE: Increased Decreased

Name of childcare provider: _____ Phone Number: _____

Address: _____

Amount Paid: _____ How Often: Weekly Bi Weekly Monthly

Comments:

CHANGE IN FAMILY SIZE (Adding or deleting an adult/child from the home)

Add Child: Addition of a child due to birth, adoption, or court awarded custody (attach proof as birth certificate and social security card)

Name of Child: _____ Birth Date: _____ SS#: _____

Add Adult:

Adult applicants name: _____ SS# _____ DOB _____

Relationship to Head of Household: _____ Spouse _____ Parent of Child _____ Immediate Family _____
Fiancé or house mate _____ Other (please specify) _____

IMPORTANT Thirty days (30) advanced notice is required to add an adult member to a Section 8 household. An Application must be completed with their information only and we must have written permission form the landlord allowing adult member to be added to the lease. The Housing Authority will conduct wage and criminal checks to determine applicant's eligibility.

Family Member no longer lives in my household.

Name: _____ New Address: _____

Reason for Moving _____

Comments:

CHANGE OF PHONE NUMBER:

New address _____

New Phone _____ Cell Phone _____

Comments: _____

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.

Signature _____ Date _____

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