

INTERIM CHANGE REPORT

The following information is needed **ONLY** if there has been a change in your family composition, income, or eligible deductions and allowances. It is your responsibility to report all changes in family size and income to Housing Authority of the County of Lackawanna, in writing, within ten (10) days of the date the change has occurred according to the Housing Authority Policy. Failure to report changes could result in the termination of your assistance. If the information is not reported timely, you may be required to reimburse the Housing Authority of the County of Lackawanna retroactive to the date of the change.

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

Client Name: _____ Worker: _____

Current Address: _____

Phone Number(s): Home # _____ Work # _____ Cell # _____

E-Mail Address: _____

Check the box(s) that have changed since your last recertification.

My **family composition** has changed. My new family composition is as follows:

Name	MI	Relationship	Sex	Age	SSN	DOB

If you are removing a family member from your household, indicate the reason and provide proof of his/her new residence (such as driver's license with new address; new lease; utility bills in his/her name at another address):

Name: _____

Current Address: _____

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

Employment

New Employer: _____ Hire Date: _____

Address: _____ Phone No: _____

_____ Zip: _____

Address: _____

Last Date of Work: _____

Increase or Decrease in earnings with Current Employer: _____

Effective date of change: _____ Amount: \$ _____ How Often Paid: _____

Comments: _____

Changes in Income other than employment (explain):

If you are reporting ZERO income, each adult must complete a Zero Income Declaration Form.

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

Name of childcare provider: _____

Address: _____ Phone No: _____

_____ Zip: _____

Amount paid: \$ _____ How Often Paid: Weekly Bi-Weekly Monthly

Is childcare paid by any person or outside agency? _____ Amount, if any, of reimbursement received? _____

Names of children in children for whom care is provided: _____

Childcare is necessary for (Name): _____

To allow _____ work attend school seek employment

OTHER CHANGES: List and describe any other changes that would result in an increase or decrease in the amount of rent you are required to pay (such as unanticipated medical or disability assistance expenses)

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.

I certify that the above information is correct and I understand that any misrepresentation will be grounds for termination with the Lackawanna County Housing Authority's program.

Tenant/Participant's Signature

Date