



FOR ALL CHANGES REQUESTED – PLEASE READ THIS NOTICE

Dear HCV Participants,

By completing the Interim Change Packet, you are requesting a change in your circumstances. In order for the PHA to process your request in a timely manner you must complete the attached packet with your current information and **submit all supporting documentation** when returning this packet. If you do not have the information with you today you may take the form with you and return it with all supporting documentation. Please allow 30 days for the processing of this change.

Employment Verification

You must submit a letter from your employer on company letterhead stating your last day of employment. If you are receiving unemployment, you must submit the statement from the IDES.

If your employment is new employment, you must submit a letter from the employer on company letterhead stating your start date, the number of hours you will work per week and the hourly rate of pay or once you receive 3 check stubs you must submit them to our office.

Change in Work Hours

You must submit a letter from the employer on company letterhead stating the change in your hours and how long the change is expected to last or provide 3 paycheck stubs or 30-days' worth to support the change (increase or decrease) that is being reported.

Change in Benefits

You must submit a notice from the agency including the date and amount of the change or loss of benefits.

If the change of income results in Zero income you must also complete a Zero Income Packet and submit with this current information packet.

Change in Family Size

If removing an individual from your household you must submit the following:

A written statement from the individual that is being removed and proof of the address where they now reside (ex. Photo ID, Executed Lease, or utility bill).



Adding and individual to your household you must submit the following:

1. An authorized letter from your current landlord listing the name of the individual you are requesting to be added
2. If the individual is 18 years of age or older they must complete an 18 years old/older packet. Please ask your HCV Rep for this packet.
3. Copy of Social Security Card and Birth Certificate for the individual you are requesting to be added. A valid government issued I.D. for individuals 18 years of age or older.
4. Proof of income and/or adult student information for the individual you are requesting to be added.
5. If they are not working, a Zero Income Packet will be required for that individual.

Please note the person you are requesting to add to your household will be subject to all background checks and income guidelines.

Student Status

If you have a child who is over the age of 18 and a full time student and you would like to receive a dependent deduction for them you must submit a current school schedule and financial aid information.

We greatly appreciate your cooperation in providing the necessary information so your request can be processed in a timely manner.

Sincerely,

HCV Specialist

PLEASE REMEMBER TO SUBMIT ALL NECESSARY DOCUMENTATION WITH THIS CHANGE REQUEST!!



Participant Name: _____

ADDRESS: _____ PHONE: _____

CHANGE REPORTED: _____

1. Family Composition:

a. Adding (Name): _____

i. Date of Birth: _____

ii. Social Security Number: _____

iii. Income of New Person: _____

b. Removing (Name): _____

(Signature needed if adult is being removed)

Reason for Removal: _____

2. Income

a. Increase:

Name of Income Source: _____

Amount of Increase: Hourly: _____ Weekly: _____

Effective Date of Change: _____

b. Decrease:

Name of Income Source: _____

Effective Date of Change: _____

Comments: _____

Participant Signature: _____ Date: _____

Other Adult (if applicable) _____ Date: _____

PHA Staff Signature: _____ Receipt Date: _____