



1300 Piccard Drive, Suite 203; Rockville, MD 20850
Main (301) 424-6265 Fax (301) 217-5857 TTY (301) 279-7617

INTERIM CHANGE PACKET

Housing Choice Voucher and Public Housing

Dear Participant:

Attached you will find an Application for Interim Change form. This form **MUST** be filled out completely, in order to report any change in your family's income or household composition. **All household members 18 years old and older must sign and date each document. All changes must be effective for 30 or more days to warrant an interim change.** To report a change in income or household composition this form must be accompanied by any supporting documentation to verify the nature of the change. **If documentation is not supplied within (3) three days of returning this packet the Interim will be deemed incomplete and you will have to complete a new packet. The return of this packet will therefore slow down the processing of your family change(s).**

To report a change in income, please submit the Application for Interim Change Form along with the following applicable information:

- 1. Letter from Employer on company letterhead indicating a change in employment status** such as: termination, decrease/increase in work hours, decrease/increase in salary (base pay or hourly wages), or termination of employment or new employment (part-time, temporary, permanent, seasonal).
- 2. Four (4) most recent consecutive pay-stubs.**
- 3. Letter or print-out of benefits from the Department of Social Services. Please note: There will be no reduction.**
- 4. Letter dating approval or loss of Child Support Payments or printout of payment history from Department of Child Support Enforcement.**
- 5. Letter from childcare provider, which includes: Providers name, address, telephone number, child's name in his/her care and weekly amount paid. You must also provide proof of payments with cancelled checks or money order receipts. Cash payments are not acceptable as proof of payment. Proof of payment is required. RHE will need front and back copies of 3 consecutive payments. Ex: money order, cashier's checks, personal checks. You must also provide information regarding your participation in a Childcare Subsidy program.**
- 6. Letter or statement from Pension Plan indicating amount of pension.**
- 7. Letter or printout from Unemployment Office, which includes: amount of benefit, how often benefits are received and date benefits will end.**
- 8. Letter or printout from Department of Veterans Affairs indicating amount of benefits.**





1300 Piccard Drive, Suite 203; Rockville, MD 20850
Main (301) 424-6265 Fax (301) 217-5857 TTY (301) 424-1078

To report a **change in household composition**, please submit the **Application for Interim Change Form** along with the following applicable information:

1. To add an adult, please include **ALL** of the following:

- a. Copy of the individuals' birth certificate,
- b. Social security card,
- c. Valid government issued ID,
- d. Proof of all income and

- e. Proof of all assets (bank, real estate, etc.). Most recent bank statements (ALL PAGES)
- f. Completion of the attached Declaration of Citizenship/Immigration Status form,
- g. Copy of a marriage certificate, if applicable.

2. To add a minor child, please include the following:

- a. Copy of the social security card,
- b. Birth certificate, and proof of custody if the child is not a natural child of the head or co-head of the household
- c. Declaration of Citizenship/Immigration Status form included in this package.

To remove a family member from the household please complete the **Application of Interim Change Form** and provide the following:

1. Name of family member being removed from the household along with a new forwarding address. New forwarding address must be:
 - a. Copy of new lease,
 - b. Copy of major utility bill (no more than 60 days old),
 - c. Current Driver's License
 - d. Official Government mail showing new address.





1300 Piccard Drive, Suite 203; Rockville, MD 20850
 Main (301) 424-6265 Fax (301) 217-5857 TTY (301) 424-1078

APPLICATION FOR INTERIM CHANGE

PLEASE INDICATE CHANGE(S) BEING REPORTED:

Income Increase Income Decrease Family Addition Family Deletion Other

_____ Family Head	_____ Social Security Number
_____ Address	_____ Home / Cell Number
_____ City, State & Zip Code	_____ Email Address
_____ Emergency Contact	_____ Emergency Contact Telephone Number

STATEMENT OF FAMILY COMPOSITION AND INCOME

List all persons presently living in your household (Use the back of this form if necessary)

Full Name	Social Security #	Birth Date	Age	Sex	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List all persons who moved out or you wish to add to your household. If none, initial here: _____

Full Name	Relationship	In	Out	Reason
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Fill in the blanks for each person reporting a change in employment. *If none initial here: _____

Person Working	Employer's Name & Address	Dates Worked	Pay Rate
_____	_____	_____	\$ _____ Per _____
_____	_____	_____	\$ _____ Per _____
_____	_____	_____	\$ _____ Per _____





1300 Piccard Drive, Suite 203; Rockville, MD 20850
 Main (301) 424-6265 Fax (301) 217-5857 TTY (301) 424-1078

Check appropriate box and fill in the blanks for changes in any source of income listed below.

If none initial here: _____

<input type="checkbox"/> Welfare Assistance	<input type="checkbox"/> Retirement / Pension	<input type="checkbox"/> Social Security	<input type="checkbox"/> SSI
<input type="checkbox"/> Unemployment	<input type="checkbox"/> VA Benefits	<input type="checkbox"/> Child Support	<input type="checkbox"/> Other

Received by (Name of Household Member)	Received from (Source)	Amount
_____	_____	_____ Per _____
_____	_____	_____ Per _____
_____	_____	_____ Per _____

List any changes in household assets. **If none initial here _____

Name and Address of Bank	Type of Account	Cash Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

List any changes in childcare expenses **If none initial here _____

Name & Address of Provider	Childs Name	F/T	P/T	Weekly Cost
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Medical Expense: (Only for Disabled or Elderly (62 year and Over) Head or Co-Head of household) Do you have any regular medical expenses such as prescriptions, Insurance Premiums, Physician care, Hospital, etc. in which you pay? Please provide printouts from your provider to obtain allowable medical deductions. *If none initial here: _____

ALL ADULT MEMBERS 18 YEARS AND OLDER OF THIS HOUSEHOLD MUST SIGN BELOW CERTIFYING THE ABOVE INFORMATION IS TRUE AND CORRECT.

ALL REPORTED INCOME MUST BE DOCUMENTED

I/We certify that the information given to Rockville Housing Enterprises on household composition, income net family assets, allowances and deduction is accurate and complete to the best of my/our knowledge and belief. I/We understand that giving false statement or information can be grounds for punishment under federal state laws. I/We also understand that giving false statement and information can be grounds for termination of housing assistance.

<input checked="" type="checkbox"/> _____ Signature of Head of Household	<input checked="" type="checkbox"/> _____ Date	<input checked="" type="checkbox"/> _____ Signature of Spouse/Co-Head	<input checked="" type="checkbox"/> _____ Date
<input checked="" type="checkbox"/> _____ Signature/Adult Family Member	<input checked="" type="checkbox"/> _____ Date	<input checked="" type="checkbox"/> _____ Signature/Adult Family Member	<input checked="" type="checkbox"/> _____ Date



Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

ROCKVILLE HOUSING ENTERPRISES
1300 Piccard Drive, Suite 203
Rockville MD 20850
301-424-6265
www.rockvillehe.org

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

<input checked="" type="checkbox"/> _____ Head of Household	<input checked="" type="checkbox"/> _____ Date		
<input checked="" type="checkbox"/> _____ Social Security Number (if any) of Head of Household		<input checked="" type="checkbox"/> _____ Other Family Member over age 18	<input checked="" type="checkbox"/> _____ Date
<input checked="" type="checkbox"/> _____ Spouse	<input checked="" type="checkbox"/> _____ Date	<input checked="" type="checkbox"/> _____ Other Family Member over age 18	<input checked="" type="checkbox"/> _____ Date
<input checked="" type="checkbox"/> _____ Other Family Member over age 18	<input checked="" type="checkbox"/> _____ Date	<input checked="" type="checkbox"/> _____ Other Family Member over age 18	<input checked="" type="checkbox"/> _____ Date
<input checked="" type="checkbox"/> _____ Other Family Member over age 18	<input checked="" type="checkbox"/> _____ Date	<input checked="" type="checkbox"/> _____ Other Family Member over age 18	<input checked="" type="checkbox"/> _____ Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



1300 Piccard Drive, Suite 203; Rockville, MD 20850
Main (301) 424-6265 Fax (301) 217-5857 TTY (301) 279-7617

ZERO INCOME AFFIDAVIT

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments (TANF, TCA, etc.);
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources;
 - j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination from the Housing Choice Voucher Program.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Participant Name	Signature	Date

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Head of Household	Signature	Date



Client Name: _____ Client # _____

ZERO INCOME CHECKLIST AND WORKSHEET VERIFICATION OF NON-CASH CONTRIBUTIONS

1. Food Expenses

Is the family receiving Food Stamps? Yes No If yes, what is the monthly amount? _____

If no, what is the family's average weekly grocery bill? _____

How does the family pay the weekly grocery bill? _____

Who and/or what organization contributes to the grocery bill and/or contributes groceries? _____

Average weekly grocery bill & contributions from all sources x 52 = \$ _____ This amount is income.

NOTE: Food contributed by food banks, received from the surplus commodity program, the WIC program, or consumed at publicly or non-profit funded meals programs does not count as income.

2. Cleaning, Grooming and Paper Products Expenses

What is the average weekly value of paper products used by the family? (napkins, toilet paper, paper towels, trash bags, disposable diapers) \$ _____ What is the average weekly value of grooming products and services used by the family? (soap, deodorants, shampoo, dental products, cosmetics, hair products and barber/salons) \$ _____

What is the average weekly value of cleaning products used by the family? (dish soap, detergent & household cleaners) \$ _____ How does the family pay for cleaning, grooming and paper products? _____

Who and/or what organization contributes to the cleaning, grooming and paper products expenses? _____

Total of Average weekly contributions from all sources x 52 = \$ _____ This amount is income.

3. TRANSPORTATION EXPENSES

Does the family own a car? Yes No If yes, amount of monthly car payments? _____

Gas? \$ _____ Maintenance? \$ _____ Insurance? \$ _____ If the family does not have a car, what does the family pay for other transportation such as taxis, buses, trains and airfare? _____

What is the average monthly amount of cash and direct payment contributions the family receives for transportation? \$ _____

Total average transportation contributions from all sources x 12 = \$ _____ This amount is income.

NOTE: Uninsured automobiles cannot be parked on PHA property.

4. ENTERTAINMENT EXPENSES

Does the family have a cable/satellite TV connection? Yes No What is the monthly cost? \$ _____

What are the average monthly costs of Magazines? \$ _____ Movies? \$ _____ Video Rentals? \$ _____ Club

Memberships? \$ _____ Sporting Events? \$ _____ Liquor/Beer/Wine? \$ _____

Lottery Tickets? \$ _____ Vacations? \$ _____ Other Entertainment? \$ _____

Who and/or what organization contributes to entertainment expenses? _____

Average monthly entertainment contributions from all sources x 12 = \$ _____ This amount is income.

5. CLOTHING EXPENSES

What is the family's average monthly cost for clothing and shoes? _____ What is the family's average monthly amount spent for laundry, dry cleaning? _____ Who and/or what organization contributes to clothing expenses? _____

Average monthly contribution for clothing expenses x 12 = \$ _____ **This amount is income.**

NOTE: Clothing acquired from Clothing Banks or given to the family second hand is not counted as income.

6. SMOKING EXPENSES

Does anyone in the family's household smoke cigarettes/cigars? Yes No If yes, how does the family pay for cigarettes/cigars? _____

What is the average monthly contribution (in cash, cigarettes/cigars)? \$ _____ - x 12 = \$ _____ **This amount is income.**

7. COMMUNICATIONS EXPENSES

Does the family have telephones? Yes No If yes, how many lines? _____ How many cell phones? _____

What is the average monthly cost of combined phone services? _____ Does the family have internet connection? Yes No What is the monthly internet service charge? \$ _____

Average monthly contributions (cash or direct payment to phone/internet companies) \$ _____ x 12 = \$ _____ **This amount is income.**

8. SHELTER EXPENSES

What is family's monthly rent share? \$ _____ How does the family pay their rent share? _____

What is the amount of contribution from others/organizations toward the family rent share? \$ _____

Does the family pay utilities? Yes No How does the family pay utility bills? _____

What is the amount of contribution from others/organizations toward utility bills (cash or direct payment to utility companies) \$ _____ Total contributions for rent & utilities \$ _____ x 12 = \$ _____ **This amount is income.**

9. MEDICAL EXPENSES

Does the family have any unreimbursed medical expenses? Yes No How much per month? \$ _____

How does the family pay for unreimbursed medical expenses? _____

CONTRIBUTIONS FOR MEDICAL COSTS ARE NOT INCOME.

10. MISCELLANEOUS EXPENSES

Listed below are a series of expenses the family might have. Indicate the monthly amount the family spends on any applicable expense and the amounts contributed toward the expenses.

Church contributions \$ _____ Unreimbursed Educational Expenses \$ _____ Unreimbursed Child Care Expenses \$ _____

I HEREBY CERTIFY THAT I HAVE ANSWERED THE QUESTIONS ON THIS CHECKLIST TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE AND ABILITY.

Head of Household's Signature _____

Date: 1 _____ RHE Specialist Signature _____

Client Name: _____ Client # _____

FOR ROCKVILLE HOUSING ENTERPRISES OFFICE USE ONLY:

COMPUTATION OF FAMILY INCOME

- 1. Food Expenses \$ _____
- 2. Cleaning, Grooming and Paper Products Expenses \$ _____
- 3. Transportation Expenses \$ _____
- 4. Entertainment Expenses \$ _____
- 5. Clothing Expenses \$ _____
- 6. Smoking Expenses \$ _____
- 7. Communications Expenses \$ _____
- 8. Shelter Expenses \$ _____
- 9. Medical Expenses \$ _____
- 10. Miscellaneous Expenses \$ _____

TOTAL (attach calculator tape) \$ _____

Signature of Housing Specialist: _____

Date: _____