

**Interim Change Report:**

- A completed Interim Change Form must be submitted to MHA within 10 days of the event.
- A change usually requires the client to provide additional verification: (see other side of form). 
- Changes will not be processed without a completed form and all required verification.
- Changes can take up to 30 days to complete.

Head of Household Name:	Last 4 digits of SSN:
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Address:

Email Address:	Current Phone:
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Name of Household Member(s) with Change:
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1. What has changed in your household: Please be specific and list all changes in household composition, income, assets and/or expenses. You may be required to provide documents supporting these changes.

Select what has changed	Give a short explanation of the change
<input type="checkbox"/> My income has increased	
<input type="checkbox"/> My income has decreased	
<input type="checkbox"/> Someone has left my household	
<input type="checkbox"/> I would like to add someone to my household	
<input type="checkbox"/> My medical or childcare expenses have changed	
<input type="checkbox"/> I have had a change in my savings, checking, trust or other asset accounts	
<input type="checkbox"/> Regular support from family/friend for bill payment	
<input type="checkbox"/> Self-employment, odd jobs, recycling, etc.	
<input type="checkbox"/> Other (please specify) _____	

2. Household Composition: List all persons who are (or will be) living in your home beginning with the Head of Household ** (examples of source of income: job, child support, Social Security/SSI/SSD, trust, spousal support, family support, unemployment). Attached a blank sheet if more than six members in the household.

Legal Name (as shown on SS card)	Date of Birth	Has Income?	**Source of Income
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATION

I/We do hereby swear and attest that all of the information reported on this form is true and complete. I/We understand that the Manhattan Housing Authority is required to verify the information that I/we have reported. I/We understand that any misrepresentation or failure to disclose information may be grounds for termination of assistance and maybe punishable under Federal Law.

WARNING: Title 18, Section 1001 of the United Stated 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.

Head of Household Signature:	Date:
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Type of Change

Required Documents

Income Source	Documents Needed
Child Support	Court order or Child Support Agency statement for each child
Employment	Most current pay stubs (2-4 pay stubs) If no pay stubs, a signed offer letter for a new job or a letter on business letterhead from employer with: •Date of Hire •Average Regular Hours •Rate of Pay
Pension	A monthly statement or signed letter on business letterhead from the pension company stating the monthly payment amount
Self-Employment	A copy of last year's 1040 tax return and Schedule C or last year's income receipts and expense receipts
Social Security Benefits, SSA or SSI	Social Security Award Letter. NOTE: Adults must submit award letter for benefits received on behalf of child under age 18.
TANF or SNAP or childcare assistance	Department of Social Services Statement or Letter stating payment amount
Unemployment Payments	Unemployment Insurance Statement stating weekly benefit amount
Voluntary or Family Support	Signed letter from a person or letter on business letterhead from an organization stating: •Contact Information •Dollar Amount of Support •How Often Support is Given •Date Support Stopped or started
Worker's Compensation	Worker's Compensation Board or Insurance Company stating monthly payment amount
Loss of Job	Signed letter on business letterhead from an organization showing termination or Copy of the two week notice you provided to your employer and a written statement from you explaining why you are no longer working
Reduction of work hours	Signed letter on business letterhead from an organization stating: •When the change was effective •Average hours per week you will be working •Rate of pay
Expenses	Documents Needed
Medical Expenses (must qualify)	A printout from your medical provider showing what you have paid out of pocket for the past 12 months or a copy of a new monthly premium
Day Care Expenses (must qualify)	A monthly statement or signed letter on business letterhead from the company or individual stating the monthly amount you pay
Service Animal Expenses (must qualify)	Receipts for the care and upkeep of your service animal
Household Members	Documents Needed
Removing a member	A copy of a new signed lease for that existing household member or a signed letter on business letterhead from your current manager showing the member has been removed from your current lease (Section 8 only for current manager)
Adding a member	Adding Adults requires approval from the Public Housing, Section 8 or Tax Credit staff – Please call and/or email the appropriate staff member. Adding Children requires a copy of a State issued birth certificate or court papers showing you have legal custody of that child, copy of the social security card and Citizenship declaration form
Student Status	Current transcript, school schedule printout, or letter from school officially stating full time status