



# HOUSING CHOICE VOUCHER INTERIM CHANGE FORM

Dear Participant:

The following information is needed ONLY if there has been a change in your address, family composition, income, current housing or living arrangements. If you are a current HOUSING CHOICE VOUCHER participant, it is your responsibility to report all changes in family size and income to the Housing Authority, in writing, within ten (10) days of the date the change has occurred according to your Housing Voucher and Daytona Beach Housing Authority's Administration Plan. Failure to do so could result in the termination of your housing assistance. If the information has not been reported timely, an overpayment may have occurred and you may be asked to reimburse the Housing Authority.

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

Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number(s): Home No: \_\_\_\_\_ Work No: \_\_\_\_\_ Other/Message No: \_\_\_\_\_

## Check the box that applies to your Interim Change:

My **mailing address** has changed. My new mailing address is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name	MI	Relationship	Sex	Age	SSN	DOB

**Please Note:** *If you are removing a family member from your household, please indicate the reason why:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.



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

**Employment**

**New** Employer: \_\_\_\_\_ Phone No: \_\_\_\_\_ Hire Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Rate of pay: \$ \_\_\_\_\_ (Hourly)  
Hours per week: \_\_\_\_\_ I get paid:  Weekly  Bi-Weekly  Monthly

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**Former** Employer: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Address: \_\_\_\_\_ Last date of work: \_\_\_\_\_  
Reason for leaving employment: \_\_\_\_\_

Increase or Decrease with **Current** Employer: \_\_\_\_\_  
Effective date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ How often: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Other** changes in family income (explain): \_\_\_\_\_

**Please note:**

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

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

**Childcare**

Name of childcare provider: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_ Amount paid: \$ \_\_\_\_\_  
How often:  Weekly  Bi-Weekly  Monthly

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**WARNING:**  
Section 1001 of Title XVII of the United States Code makes it a criminal offense to make willful false 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 denial or termination with the Section 8 Housing Voucher Program or Public Housing Program.

\_\_\_\_\_  
Client's Signature Date

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## **ATTENTION CLIENTS SUBMITTING A CHANGE REPORT**

**Your change report will be rejected if no supporting documentation is attached** and all information is not filled out completely. If you are unable to provide supporting documentation, you must indicate that and the reason why on a separate sheet of paper and sign and date it. If you are faxing this form, it must be faxed to your Housing Specialist's attention. The fax number is 386-255-2136.

\*\*Please note that **it can take 30 days to process an interim change** or longer if supporting documentation is NOT attached.

## **WHAT TO SUBMIT AS ACCEPTABLE DOCUMENTATION**

**New Employment:** Provide a letter of hire on company letterhead that states the number of hours worked, rate of pay and employment start date signed by a company representative.

**Self-Employment:** Provide notarized statement of self-employment and your ledger/bookkeeping documentation that shows income received and expenses paid. Self-employment forms and income/expense forms are available upon request from your Housing Specialist.

**Loss of Employment OR Loss of hours:** Provide letter from employer on company letterhead that indicates your name, address, phone number and last day worked and employer contact information signed by a company representative. Loss of hours, provide three (3) paystubs showing decreased hours

**Childcare:** provide a written statement from the child care provider on company letterhead indicating child's name, amount paid and frequency (weekly, Bi-weekly or monthly). The amount paid is parent amount after any subsidy. A Child Care form is available at Front Desk.

**Unemployment:** Provide current award letter

**Family/Friend Contributions:** Provide a notarized statement of financial assistance you receive on a monthly basis. This includes **any** expenses that are paid on your behalf (cell phone, car insurance day care etc). A Family contribution Form is available at the Front Desk.

**Verification of SSI/SSA/SSD/AFDC/Food Stamps:** Provide current award letter dated within thirty (30) days (all pages)

**Veteran's Benefits:** Provide current award letter (all pages)

**Child Support:** Provide a print out of payment history, must include case number. If child support is directly paid to you, provide a notarized statement from the person paying (Family Contribution form)

**Removing person from household:** Provide proof that that the person is no longer part of the household by providing a copy of their ID with the new address, copy of their lease and a utility bill in their name. Your Landlord must be informed in writing also that the family member is no longer in the unit.

**Custody:** Must provide documentation from the court or agency proving legal custody or guardianship of a minor child. A notarized statement is NOT acceptable.

**Other Change:** Any other change must have documentation attached to the form.