

SECTION 8 INTERIM CHANGE FORM

Dear Client:

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 SECTION 8 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 Lakeland Housing Authority's Administration Plan. Failure to do so could result in the termination of your Section 8 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).

Client 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

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**. Please request this form from the receptionist.

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

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 denial or termination with the Section 8 Housing Voucher Program or Public Housing Program.

Client's Signature Date

(PLEASE SIGN ATTACHED AUTHORIZATION RELEASE OF INFORMATION)