

Interim Change Form

WARNING! SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO WILLFULLY MAKE FALSE STATEMENTS OR MISREPRESENTATION TO THE BHA ON THIS FORM.

Head of Household Name: _____ **Telephone:** _____

NOTE: YOU ARE REQUIRED TO REPORT ALL INCOME AND MONEY RECEIVED by **EACH** person who will live with you, including yourself.

Name of Person Having Change: _____

Type of Change:

- Income** **Increase** **Decrease**
 Employment TANF/Food Stamps Social Security Pension
 Self-employment Child Support Other: _____

If there is a change in employment:

Current Employer: _____ Previous Employer: _____

- Family Change** Add person Remove person
Name: _____ Income: _____

Family-Self Sufficiency/Home Ownership Program

Other (description): _____

ACKNOWLEDGEMENTS

If you are currently receiving Housing assistance, your rent **may** be adjusted based upon the information provided on this form. If your rent is adjusted, the BHA will mail a "Notice of Rent Adjustment".

If your rent is decreased, the adjustment will become effective on the first day of the following month. If your rent is being increased, the adjustment will become effective on the first day of the second month from the date of your increase.

If you **fail to report** increased income changes, it will result in a retroactive rent increase. If you **fail to report** a decrease in income, the rent will not take effect until the month following the reported income change.

WARNING: MISREPRESENTATION OF INFORMATION COULD RESULT IN TERMINATION.

Client Signature

Date

BHA Staff