

Dauphin County Housing Authority
RECERTIFICATION OFFICE
501 Mohn Street
Steelton, PA 17113
Phone (717) 939-9301 Fax (717) 939-7947

FOR HOUSING USE ONLY
Date Received:
Program: ___ Public Housing ___ Section 8
___ V59 VIP PBV SPC FUP NED A43
Worker:

INTERIM CHANGE REPORT FORM

Head of Household Information

Last Name: _____ First Name: _____
Address: _____ Apt #: _____
City: _____ State: _____ Zip Code: _____
Current Phone Number: _____ Alternate Phone Number: _____

COMPLETE ALL THE SECTIONS BELOW THAT APPLY TO YOU AND YOUR FAMILY.

NOTE: Failure to submit requested documentation will result in a delay in processing. This means if your income is decreasing, your rent will not be adjusted until all supporting documentation is received AND if your income is increasing, your increased rent will be retroactive to 30-days after the increase occurred and you will be responsible to repay an overpayment of HAP as a result.

SECTION ONE: REQUESTING TO ADD SOMEONE TO YOUR HOUSEHOLD

Do not allow this person to move into your assisted unit until the Housing Office has given you written approval to add the person to your household.

1. Name and relationship of the person(s) you are requesting to add to your household:

2. If you are requesting approval to add another adult to the household, you will need to schedule an interview with a Housing Representative. You will need to bring the following documentation to the interview:
 - birth certificate
 - social security card
 - photo id
 - [Section 8 Participants must provide a] letter from landlord giving permission to add the person to your lease
 - proof of income
3. If you would like to add a birth child, adopted child, or court ordered custody child, attach a copy of the following documentation:
 - birth certificate
 - social security card
 - adoption papers
 - [Section 8 Participants must provide a] letter from landlord giving permission to add the person to your lease
 - court order to verify custody

SECTION TWO: REMOVING SOMEONE FROM YOUR HOUSEHOLD

1. Name of person(s) you want to remove: _____
2. Relationship of the person(s) to you: _____
3. Attach proof the person(s) now lives at different address from you. Listed below are some examples of documentation required to remove an adult from your household:
 - Lease, utility bills, or rental agreement, or
 - A current document from another government agency verifying the person's address, or
 - A current document from school or employer verifying the person's address.
4. Attach a notarized statement written by the Head of Household stating the date this change occurred and stating whether this change is permanent or temporary. If the change is expected to be temporary, the statement must include the date the person is expected to move back in with you.

SECTION THREE: DECREASE IN INCOME

1. Name of person who's income reduced or stopped: _____
2. What income has been reduced or stopped? (Please circle)
Wages Unemployment SSA SSI Child Support Other (Please list) _____
3. Has this income been reduced or has it stopped? Circle **Reduced Stopped**
4. If a job has stopped or hours have been reduced, give name of employer: _____
5. If this decrease is temporary, what is the date the income will start again? _____
6. **Attach current proof of income. Acceptable proof of income includes paystubs, benefit/award letters, statements and agency print-outs.**

SECTION FOUR: INCREASE IN INCOME [SECTION 8 PARTICIPANTS]

1. Name of person who's income has increased: _____
2. What income has increased? (Please circle)
Wages Unemployment SSA SSI Child Support Other (Please list) _____
3. When did the earned income start or increase? _____
4. Name of Employer (if applicable): _____
Address: _____
Phone Number: _____ Fax Number: _____
5. **Attach current proof of income. Acceptable proof of income includes paystubs, benefit/award letters, statements and agency print-outs.**

SECTION FIVE: EXPENSES

1. If your childcare costs have increased and you are employed or attending school, attach a notarized statement from your day care provider stating the amount of weekly payments made for your child(ren) during the school year and during the summer. This statement must include the provider's name, address, telephone number and tax ID number or social security number.
2. If you and/or your spouse are at least 62 years old or disabled or handicapped and you have medical expenses which were not reported at your recertification, attach the following documents:
 - Receipts for payment you made for medical services, or medical insurance premiums that you were not reimbursed for by another source.
 - Receipts or computer printouts for prescriptions you paid for during the last twelve (12) months.
 - Verification of non-prescription medical expenses.

SECTION SIX: FULL TIME STUDENT

1. Is anyone in your household a full-time student 18 years old or older? Circle **Yes No**
2. Name of Student: _____
3. Name & Address of School: _____
4. Number of credit hours this semester: _____
5. Date enrolled: _____
6. Attach written verification from the registrar's office or another school official OR attach school records indicating enrollment for sufficient number of credits to be considered a full-time student by the educational institution.

By Signing this Form:

1. **I consent to allow the 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.**
2. **I certify that the statements above are true and complete to the best of my knowledge understand that false statements or information are punishable under Federal Law.**

Signature of Head of Household

Date