

**Interim Change Form**  
**Instructions for Completing This Form**  
**READ CAREFULLY AND FOLLOW ALL INSTRUCTIONS**

1. Completing the Interim Change Form is required in detail. (All Blanks must be completed to be processed.) **NOTE: BEFORE this form will be accepted, you must provide verifications.**
2. **ALL VERIFICATIONS MUST BE ON LETTERHEAD OR COMPANY GENERATED.** Check stubs are considered company generated verifications.
3. Attach the following information to the Interim Change Form if it applies to you:  
Two (2) recent consecutive stubs for new job or change in hours at current job or a letter of verification from the employer stating hours work, pay rate and pay periods, TANF or Food Stamp award letter, Child Support printout for the last year of payments, SSI/SS verification of income, Unemployment award letter or printout of amount, for family assistance & childcare provide a written verification from the person stating the amount of the financial assistance. If reporting no longer receiving income or assistance you must provide written proof from whoever used to provide the assistance.
4. If you are reporting a birth, custody or adoption of a child-a copy of the original birth certificate, social security card, custody or adoption paperwork must be attached.
5. If now married you will need to supply a copy of the spouse's birth certificate, social security card, marriage license, two (2) recent-consecutive check stubs or a letter of verification from the employer stating hours work, pay rate and pay periods. Before the spouse can be added to the lease or household, they must pass a criminal background check.
6. Change form submitted without proper verification will not be accepted. Incomplete forms or missing verifications will result in the form being returned to you and a delay in the change.
7. Interim Change Request Form must be submitted within 30 days of any change
8. Verification of a decrease in household income must be on the desk of the Section 8 Administrator by the 20<sup>th</sup> of the month to take effect the 1<sup>st</sup> of the following month. Any verification received after the 20<sup>th</sup> will be delayed one month.

**YOU ARE RESPONSIBLE FOR PAYING YOUR PORTION OF RENT UNTIL YOU RECEIVE A WRITTEN CHANGE NOTIFICATION FROM THE EASTPOINTE HOUSING COMMISSION.**

Thank you,

**Jolynn Friedmann, HCV-CSO**

**EHC Section 8 Administrator**

**EASTPOINTE HOUSING COMMISSION HOUSING CHOICE VOUCHER PROGRAM  
REQUEST FOR INTERIM CHANGE**

Dear Participant:

The following information is needed **ONLY** if there is a change in your family composition or income. As a current program participant, it is your responsibility to report all changes in family size and income to the EHC. You will receive an official change notice upon completion of your interim change advising you of the exact amount of your new rent share and the effective date of the change.

**PLEASE PRINT AND COMPLETE THE ENTIRE FORM (FRONT AND BACK)**

Name: \_\_\_\_\_ Last Four SSN# \_\_\_\_\_

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

Telephone Number(s) Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**CHECK THE BOX THAT APPLIES TO YOUR INTERIM CHANGE:**

**INCOME: (Please check a line below that explains the change):**

\_\_\_\_ New Job                      \_\_\_\_ Loss of Job                      \_\_\_\_ More Hours  
\_\_\_\_ Less Hours                      \_\_\_\_ Increase/Decrease in Pay  
\_\_\_\_ SSI/Social Security                      \_\_\_\_ Unemployment                      \_\_\_\_ Child Support

New Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Include City, State & Zip)  
\_\_\_\_\_  
\_\_\_\_\_

When did you start? \_\_\_\_\_

Former Employer: \_\_\_\_\_

Describe Income or other  
change: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF YOU ARE REPORTING ZERO INCOME, YOU MUST COMPLETE THE ZERO INCOME CERTIFICATION AND RETURN WITH THIS FORM.**

**CHILD CARE**

\_\_\_\_\_ New Child Care                      \_\_\_\_\_ No Longer Have Child Care

\_\_\_\_\_ Increase/Decrease in Fees

Name of Childcare

Provider \_\_\_\_\_ Phone: \_\_\_\_\_

Address (include City, State & Zip)

\_\_\_\_\_

Amount Paid? \_\_\_\_\_ Circle one: Weekly/Bi-Weekly/Monthly

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**HOUSEHOLD COMPOSITION**

\_\_\_\_\_ Add Member                      \_\_\_\_\_ Remove Member

Name	Relationship	Sex	Age	SSN	DOB

Please Note: If you are removing a family member from your household, please indicate the reason why and verification of the new address for that family member must be attached (copy of lease or post office change of address verification.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YOU MUST HAVE A SOCIAL SECURITY CARD AND BIRTH CERTIFICATE FOR ANYONE BEING ADDED TO YOUR HOUSEHOLD. THE ABOVE LISTED PERSON MAY NOT MOVE INTO OR LIVE IN THE RENTAL UNIT UNTIL APPROVAL IS GRANTED BY THE EHC. ALL ADULTS 18 AND OVER MUST PASS A CRIMINAL SCREENING.**

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**WARNING: Section 1001 of the Title XVII of the United States Code makes it a criminal offense to make willful statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction. By your signature below, you certify that the above information is correct and you understand that any misrepresentation will be grounds for termination of your Housing Choice Voucher Assistance.**

**Head of Household**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# CERTIFICATION OF ZERO INCOME

I, \_\_\_\_\_, confirm that I currently do not receive any income.

- I understand that as a condition of continued participation in the Housing Choice Voucher (HCV) Program, I and all other members of the household, am required to report all changes in income within 30 days of the change.
- I understand that any misrepresentation of income and or household composition will be considered a breach of Family Obligations as set forth on the Voucher and may result in the termination of my rental assistance/participation in the HCV program.
- I understand that I and all members of my household will be required to update my income status every 90 days.

Signature \_\_\_\_\_ Date: \_\_\_\_\_