



HOUSING CHOICE VOUCHER (SECTION 8) PROGRAM
 400 US HIGHWAY #1, JERSEY CITY, NEW JERSEY 07306
 201-706-4677/4678 FAX: 551-256-7736/7737
WWW.JCHA-GOV.US

REQUEST FOR INTERIM RECERTIFICATION

Participant Name:		Address of Unit:	
Entity ID:	Telephone Number:	Email:	

As a Participant in the Jersey City Housing Choice Voucher (HCV) Program, you have the right to request an interim re-examination appointment due to a change in income or household composition or to request the addition of a Live-In Aide. Please indicate below the reason for your request (check all that apply):

- Change in Income
 - Increase Decrease
- Change in Household Composition
 - Reduction in household member
 - Addition of a family member due to birth, adoption or court-awarded custody
- Request Addition of a Live-In Aide
- Other: _____

If you are reporting a change in income, please provide the family member name(s) and information below:

Income Increase or Decrease. List all changes to household income:		
Pervious Income Source and Amount	Current Income Source and Amount	Temporary or Permanent Change?

If you are reporting or requesting a change in household composition, please provide the family member name(s) and information below. Please note that any addition to the household that is not due to birth, adoption or court awarded custody must be approved by the JCHA HCVP prior to the household member moving in to the unit.

Family Composition Change. List all family members requested to be added or removed.					
Name:	Soc. Sec. Number:	Sex:	Race:	Ethnicity:	Elderly and/or Disabled?
Relationship to Head of Household:	Birth date:	Moving In or Out?			Live-in Aide?
Name:	Soc. Sec. Number:	Sex:	Race:	Ethnicity:	Elderly and/or Disabled?
Relationship to Head of Household:	Birth date:	Moving In or Out?			Live-in Aide?

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature of Head of Household: _____ Date: _____