

IMPORTANT NOTICE

Interim Reporting Procedure

Participants are required to report **ALL CHANGES IN PERSON AND IN WRITING WITHIN TEN (10) DAYS OF OCCURRENCE.** If you are unable to do so, contact your Housing Specialist. *Failure to report changes and/or report in a timely manner may cause your assistance to be terminated.*

IMPORTANT: It is the responsibility of the participant to pay his/her portion of rent until receipt of notification that his/her portion of rent has changed. Any changes reported that does not include supporting documentation must be verified before any adjustments can be made.

Increases in Income not reported within **10 days** will cause participant's portion of rent to increase **immediately** and/or enter into a repayment agreement.

Decreases in Income which have been reported and verified by the 25th of the month, will receive adjustments effective for the 1st of the following month. Decreases submitted after the 25th of the month will also be adjusted, however participant are still required to pay current portion of rent until receipt of notification.

Participants reporting **zero income** will be required to submit within **fifteen (15)** days a completed Certification of Financial Assistance or Self Certification form, indicating at least \$50 of income is provided to the household.

Reporting income decreases/increases

- Documentation for other new or increased income

The following information must be included when reporting an increase in income:

- For new employment, hire letter to include: start date, hours to be worked and pay rate.
- For current employment paystub reflecting increase.
- Award letter for income such as: SS/SSI, TANF and Pension
- Documentation for other new or increased income

The following information must be included when reporting a decrease in income:

- Termination letter or letter indicating decrease
- Letter of denial or decrease for income such as: SS/SSI, TANF and Pension
- Unemployment Benefits approval/termination letter

Reporting changes in Family Composition

The following information must be included when requesting an addition to the household:

- Letter of Approval from the landlord stating the additional member(s) can be added to the household. **(Appointment must be scheduled for person(s) to be added to household).**
- Custody documents if applicable
- SS Card, Picture I. D. for adults; SS card, birth certificate for minors

The following information must be included when requesting removal from the household:

- Verification must be provided indicating that a family member is no longer in the household.



Change of Request Form

All participants are required to report all changes in person and in writing within ten (10) days of occurrence. Documentation must be provided for changes being reported. Form must be fully completed in order to be processed

Participant: _____ **Phone #:** _____ **Carrier:** _____

Address: _____

Name of household member for which change applies: _____

Please indicate change(s) being reported:

New employment Current Employment Job Termination Previous Employment

Employer's Name: _____ **Contact Person:** _____

Employers Address: _____ **City/State/Zip:** _____

Telephone #: _____ **Fax #:** _____ **Hire Date:** _____

Effective Date: _____ Wage Decrease Wage Increase

If terminated, have you applied for Unemployment? Yes No

Additional Changes: Check which applies

TANF Social Security/SSI Benefits Child Support Unemployment Benefits

Financial Assistance (Notarized statement must be provided) Other: _____

Effective Date: _____ Increase Decrease **VIEW participant?** Yes No

If yes copy of contract must be provided

Change in Family Composition

Newborn (Birth letter and SS card required) **Race:** _____ **Hispanic/Non-Hispanic(Circle one)**

Request person(s) be added to household (Written Approval from Landlord, Identification, Birth Certificate, SS card Required) Minor Adult

Remove person from household (Verification (new driver's license, copy of lease or bill showing new address)

Name (s): _____

Participant Signature

Date

Under penalty of perjury, I certify that the information presented is true and accurate to the best of my knowledge. I further understand that providing false statements on this form is a violation of State Code 18.2-186.2.