

IMPORTANT NOTICE

Interim Reporting Procedure

Participants are required to report ALL CHANGES IN WRITING WITHIN TEN (10) BUSINESS DAYS OF OCCURRENCE. The attached form can be submitted to DHNP's Drop Box outside of the building or emailed to the assigned 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 their portion of rent until receipt of notification that their portion of rent has changed. Any changes that are reported and does not include supporting documentation **must be verified before any adjustments are made.**

Increases in Income not reported within **10 business days** will result in the participant's portion of rent to increase effective the 1st day of the following month, without receiving a 30 day notice prior and may be required to enter into a repayment agreement.

Decreases in Income which have been **reported and verified** will be processed within **15 business days** and will be effective the 1st day of the month from the receipt date of the supporting documents.

DHNP will not process another interim until at least 3 months has passed since the last rent calculation, or if the decrease occurred through no fault of the participant or household member.

Participants reporting **zero income** will be required to submit within **thirty (30)** business days a completed Certification of Financial Assistance or Self Certification form, indicating the amount of income that is provided to the household to cover expenses.

Reporting income decreases/increases

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: A month's worth of paystubs 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.
- **DHNP does not have access to the Work Number for verifying income status.**

Interim Change Form

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

Head of Household: _____

Email address: _____ **Phone #:** _____

Address: _____

Please indicate change(s) being reported:

Household member to whom change applies	Source (TANF, Social Security/SSI, Child Support, Unemployment Benefits, Financial Assistance, Other)	Increase/Decrease	Effective Date	Amount

Are you a VIEW participant? Yes No If yes, copy of contract must be provided

Employment Changes

New employment Current Employment Job Termination

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

Employer's Address: _____ **City/Zip:** _____

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

Effective Date: _____ Wage Decrease Wage Increase

If terminated, have you applied for Unemployment? Yes No

New employment Current Employment Job Termination

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

Employer's Address: _____ **City/Zip:** _____

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

Effective Date: _____ Wage Decrease Wage Increase

If terminated, have you applied for Unemployment? Yes No

New employment Current Employment Job Termination Previous Employment

Employer's Name: _____ Contact Person: _____

Employer's Address: _____ City/Zip: _____

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

Effective Date: _____ Wage Decrease Wage Increase

If terminated, have you applied for Unemployment? Yes No

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, ID card, Birth Certificate, SS card Required)

Minor Adult

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

Name (s): _____

Check box if no documentation submitted with form

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.