



INTERIM: CHANGE IN FAMILY INCOME

Name of Head of Household: _____	SSN: _____ XXX-XX-_____	Phone: _____ () _____ - _____
----------------------------------	----------------------------	---------------------------------------

Is this a request for a family member that is not the Head of Household? YES NO

If yes please list the family member's first and last name: _____

EMPLOYMENT CHANGES	
WORK	
<input type="checkbox"/> Loss of Employment	Start Date: _____ End Date: _____
<input type="checkbox"/> Wages Decreased <input type="checkbox"/> Hours Decreased	Date Decrease began? _____
<input type="checkbox"/> Changed Jobs <input type="checkbox"/> Other	Start Date: _____ Explain: _____

OTHER HOUSEHOLD INCOME CHANGES				
	INCREASES		DECREASES	
	Began / Restarted		Reduced / Stopped	
Child Care	or		or	
Child Support	or		or	
Contributions	or		or	
SS/ SSI	or		or	
TANF	or		or	
Unemployment	or		or	
<small>Please place an "X" in the appropriate box(es) above.</small>			<small>Please place an "X" in the appropriate box(es) above.</small>	

REQUIRED DOCUMENTATION	
<input type="checkbox"/>	Employer Letter on Company Letterhead <i>Name, Address, Phone Number & Fax for Employer, AND the last date of employment, AND letter must be dated</i>
<input type="checkbox"/>	3 consecutive pay stubs (<i>reduction of wages & hours only</i>)
<input type="checkbox"/>	Verification of Employment completed by Employer (<i>below</i>)

REQUIRED DOCUMENTATION	
<input type="checkbox"/>	Certification for Childcare Expense Form
<input type="checkbox"/>	Name, Address, Phone number and Fax for Child Care Provider
<input type="checkbox"/>	Financial Activity Report, Office of Attorney General Portal/ Court Document
<input type="checkbox"/>	Letter from Social Security Administration/ Health & Human Services (TANF)
<input type="checkbox"/>	Unemployment Complete Payment Summary
<input type="checkbox"/>	Contribution Form: Must include name, address & phone number of person providing regular contributions & gifts

CERTIFICATION OF INFORMATION - WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

I hereby certify that all of the information I have provided on this reexamination form is true and complete.

I hereby authorize the release of information requested and for the information to be sent directly to the Tyler Housing Agency.

Head of Household (Printed First & Last Name) _____	Head of Household Signature (First & Last Name) _____	Date _____
---	---	------------

VERIFICATION OF EMPLOYMENT (To Be Completed by the Employer)

1. Date Employment Began: _____	2. Average Hours Per Week: _____	if PRN work, the AVERAGE Number of Hours Worked is Required If Part-Time, the ACTUAL Numbers of Hours Worked are Required <i>(Please attach 3 Months of Payroll History)</i>
Date Employment Ended: _____		
3. Base Pay: \$ _____		

Hourly	Weekly	Monthly	Yearly
Daily	Bi-Weekly	Semi-Monthly	

4. Are federal funds used to pay for any part of the employees' salary? () No () Yes

Title 18, Section 1001 of the United States Code, state that a person knowingly and willingly makes false or frequently statements to any department or agency of the United States is guilty of a felony.

Signature: _____	Date: _____	Company: _____
Name: _____		Address: _____
Title: _____		

INCOME CHANGES

Increases & Decreases

Please report all income changes using the **Interim Income Change Form** attached to this email. The agency will utilize this form, along with supporting documentation, to determine if and/or how much of the income being reported will impact the housing assistance portion on behalf of the agency and the tenant portion paid by voucher participants.

When you experience an increase or decrease in household income, **you are required (per the obligations of the family) to report the changes to the agency within 10 days of the change.** The attached form must be completed, **AND** supporting documentation must be provided with the form. The agency will not update records without the proper form **AND** supporting documentation. Please find below a snapshot of the referenced policy found in the agency's administrative plan:

TIMELY REPORTING OF CHANGES IN INCOME (AND ASSETS)
[24 CFR 982.516(c)] Standard for Timely Reporting of Changes:
The PHA requires the families to report interim changes to the PHA within 10 (ten) days or when the change occurs. Any information, document, or signature needed from the family to verify the change must be provided within 10 (ten) days of the change. If the change is not reported within the required time period, or if the family fails to provide documentation or signatures, it will be considered untimely reporting.

NOTE: Reporting changes to the agency requires the participant to submit:

- 1) a completed Interim Change of Income Form (completed and signed by the employer or employer representative), **AND**
- 2) supporting documentation (paycheck stubs, termination, lay-off, or award letters, etc.).
 - If you are reporting a raise, the date the raise is effective must be listed on the Interim Change of Income Form.

Verbal notification/ reporting of changes in income or family composition will not result in any updates made to the participant's records/ case. A written, complete form must be submitted along with supporting documentation.

If you have any additional questions, please do not hesitate to contact the agency through email nbsreception@tylertexas.com, phone (903) 531-1303, or fax (903) 531-1333.