

- New Admission
- Current Participant



INTERIM FORM

In the event that there is a change to your income or family composition, the Clearwater Housing Authority (CHA) must receive a **COMPLETED** Interim Form in order for the change to take effect and the family to stay within their Housing Choice Voucher (HCV) regulations.

Please complete front and back of this form and attach any supporting documentation. **Failure to complete all areas of this form in its entirety may result in a delay of processing this request.**

IMPORTANT NOTICE

As an applicant or participant in a Rental Assistance Program, if you knowingly give the Authority false information about your income and obligations under the program or if you fail to report changes in your family composition, income, criminal or any other change in status, in writing within ten (10) days of a change, you may be charged with fraud. If, as a result of committing fraud, withholding information, or making a misrepresentation to the Housing Authority you receive Rental Assistance or pay a lower rent than to which you are entitled, you will be responsible for making restitution (repayment) in full to CHA, and may be subject to local/state and federal prosecution. This could result in fines, imprisonment or both, as well as loss of your eligibility for any of the Agency’s housing programs.

NOTIFICATION OF CHANGE: (please select the type of change you are reporting)

Change in household income:

- Household member who had loss/gain: _____
- Loss of income: _____
Name of Employer and/or type of income
- Gained new income: _____
Name of Employer and/or type of income

***In case of employment gain/loss please make sure you receive an Employment Verification form to provide to new/old employer.**

_____ Yes. I have received the Employment Verification form and will submit it to my employer.
 Tenant Initial ***It is your responsibility to make sure your employer submits this form timely.***

- Change in household composition:** *List all persons BELOW to whom you are reporting a change*
- ***To remove an adult household member, proof of new residency is required (CURRENT lease, CURRENT utility bill or updated photo ID)***

Legal Name	Relationship	In/Out	Date	Reason

CLEARWATER HOUSING AUTHORITY
HCV PROGRAM UPDATED APPLICATION FOR RENTAL ASSISTANCE

 (Head of Household Legal Name)

 (Phone)

 (Address: Street, City, State, Zip)

Household Members: *Please list all current household members.*

Legal Name	Relationship to Head of Household	SSN	Age	Employed, self-employed, Retired, disabled or student
	SELF			

Employment: *List employment for ALL household members (part-time and full-time)*

Name of Employee	Employer's Name/Contact Number	Dates Worked	Pay Rate
		From: To:	\$ Per
		From: To:	\$ Per

All Other Income for ALL Family Members: *Include Cash Assistance, Food Stamps, Social Security, SSI Benefits, Pensions, VA Disability, Unemployment Benefits, Child Support, Alimony, Family Contributions and all other income.*

Received by (Payee)	Type of Income	Amount Received
		\$ Per
		\$ Per
		\$ Per

I have read the Important Notice, or had it read and explained to me and understand the consequences of not correctly reporting my family composition and all of my income or other change in status. I hereby certify the above information is true and accurate to my knowledge.

Signature of Head of Household _____ Date _____

Family Members over 18 years of Age _____

Please note: The contact information you furnish us, including any email address(es) and telephone number(s), are for, among other things, for the purpose of being provided emergency notifications by this agency.