

Board of County Commissioners

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Department of Citizen Services

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Interim Change Form for current Housing Choice Voucher Participants

- All changes must be reported, in writing, within 10 business days from the time the change occurred
- Documentation regarding the change(s) should be provided
- If you chose to mail or fax documents, call to verify receipt

Head of Household Name: _____ **SSN:** XXX-XX-_____

Household member(s) involved/affected: _____

Physical address: _____

Mailing address: _____

Primary phone: _____ **Secondary phone:** _____

Email address: _____

Today's date: _____ **Date of change:** _____

Check the change(s) that apply:

- Income (including child support)
- Child care
- Household composition (adding/removing person to/from household)
- Other: _____

Provide a brief explanation of the change(s) you are reporting: _____

Based on the change(s) that occurred, provide the following required documentation:

Increase in income:

- **New job or raise/increase in hours:** Most current paystubs
- **Benefits:** Copy of award letter or other verifying documentation

Decrease in income:

- **Loss of job:** End date of employment
- **Decrease in pay/hours:** Most current pay stubs
- **Benefits:** Copy of award letter or other verifying documentation

Child support:

- Increased** from \$ _____ to \$ _____ per month
- Decreased** from \$ _____ to \$ _____ per month
- Provide court documents if applicable

Child care:

- Name and address of provider, name(s) of child/children in care, date and times in care and amount paid
- If you receive POC/Work-care, you must indicate the amount you pay

Household composition:

***Adding a person to your household requires approval from the owner/landlord and the Carroll County Bureau of Housing, unless they are an addition by birth.**

- **Adding to household:** Birth certificate, Social Security card, adoption papers and/or court awarded custody papers.

Name of person being added: _____ **Relation:** _____

Address: _____

How long have they been at the above address? _____ **Phone:** _____

Owner/landlord approval – for owner/landlord use only

I am aware that the tenant is requesting to add the above-mentioned person to their household. I understand that person cannot move into the unit until Carroll County Bureau of Housing approves the request.

Owner/landlord printed name: _____ Signature: _____

Date: _____

- **Removing from household:** Verification of person residing elsewhere (lease, utility bill, license, etc.)

Who left the unit? _____ **When did they leave?** _____

What is their new address? _____

Other and/or additional information: _____

I certify that the information provided in this document and any other documents submitted in support of it are true and correct.

Signature: _____ **Date:** _____