



Interim Application - Income and Household Changes

Important Information:

- Participants must report in writing all changes in household composition within 10 calendar days of when the change occurred.
- Participants are not required to report decreases of income.
- If you meet the decrease of income qualifications and are determined eligible for the rent portion reduction, the reduced rent portion will begin the first of the month after all required documents are received by the Housing Assistant; not the first of the month after the income decreased or stopped.
- If you are eligible for a reduction in your rent portion; and, the interim reexamination is processed, you must report any increase in income within ten (10) days of the increase.
- All requested forms and verifications must be received by the Housing Commission in order for the changes to be processed.

Head of Household Name (last, first, middle)	Address	
Account # or last four of SSN	Phone number	Email

Please check the boxes that apply to your changes and complete all required information:

A decrease in income. Provide the household member name(s) and information below related to the income decrease.
 Note: Additional forms will be forwarded to you to complete. Please return the following verifications with the Interim Application:

- Current verification that the income has decreased or terminated,
- Current verification of any replacement income. See checklist on page 3.
- Current verification of any new household income not reported during the last recertification. See checklist on page 3.

Name of Household Member	Type of Income that Decreased or Stopped	Date Reduction of Income Began	New Income Amount	Temporary or Seasonal?
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>

An increase in income. Provide the household member name(s) and information below related to the income increase.
 Note: Additional forms will be forwarded to you to complete. You will be asked for the following verifications:

- Current verification of any new household income. See checklist on page 3.
- Current verification of termination of previous income, if applicable.

Name of Household Member	Type of Income that Increased	Date Increase of Income Began	Temporary or Seasonal?
			Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>



Add a household member.

- Adding an adult household member may change your program designation and result in an increase to your rent portion.
- Additions of adult members (18 years or older) must be approved by the owner and the San Diego Housing Commission prior to moving into the unit.
- Additional forms will be forwarded to you to complete the addition of new household members. See checklist on page 3 for list of required verifications.

New Adults (Legal Name)	Relationship to Head of Household	Date of Birth

New Children (Legal Name)	Relationship to Head of Household	Date of Birth

Remove a household member. Provide the information below for the person(s) you are requesting to remove.

Name of Household Member to Remove	Relationship to Head of Household	Date of Birth	Move-out Date	New Address (if address unknown, state why)

Other (please explain): _____

- Please return this completed form along with the following required documentation. See checklist on page 3 for list of required verifications.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this document is true, correct and complete.

Signature of Head of Household: _____ **Date:** _____



Verification Checklist

Income Verification Checklist – refer to this list for income changes.

Family Checklist	INCOME VERIFICATION CHECKLIST	Office Use
<input type="checkbox"/>	If Employed: Provide paycheck stubs for two (2) full months; or four (4) to six (6) months if income changes paycheck to paycheck; or letter from employer on company letterhead, which includes rate of pay and average hours worked per week	<input type="checkbox"/>
<input type="checkbox"/>	If Self Employed (business income): Provide current federal tax return including Schedule C	<input type="checkbox"/>
<input type="checkbox"/>	If Employment is Temporary or Seasonal: Provide current federal income tax return if job was worked last year or letter from employer on company letterhead that includes rate of pay, average hours worked per week and the number of weeks you are anticipated to work per year	<input type="checkbox"/>
<input type="checkbox"/>	VA Benefits/Pension/Annuity payments: Award letter or statement showing current monthly gross benefit	<input type="checkbox"/>
<input type="checkbox"/>	Social Security and/or SSI: All pages of current award letter	<input type="checkbox"/>
<input type="checkbox"/>	CalWORKs/Adoptions Assistance/Foster Care Payments: Current Notice of Action letter	<input type="checkbox"/>
<input type="checkbox"/>	Child Support or Spousal Support: Current award letter from DCSS; or “Case Overview” page from the child support website under Payment History (http://www.sdcounty.ca.gov.dcss); or two (2) full months’ pay statements if amounts stay the same and at least four (4) full months’ pay statements if amounts change	<input type="checkbox"/>
<input type="checkbox"/>	Unemployment Benefits/State Disability/Workers Compensation: Award letter or paycheck stubs for the last two (2) months	<input type="checkbox"/>
<input type="checkbox"/>	Other Contributions/Gifts: Provide dates, amounts received, and complete name, address and phone number of all providers as well as written verification from the provider(s)	<input type="checkbox"/>

Household Change Checklist – refer to this list for household changes.

Family Checklist	ADDING ADULTS CHECKLIST	Office Use
<input type="checkbox"/>	Picture ID: Copy of official picture ID (must be current, i.e. California ID or Driver’s License	<input type="checkbox"/>
<input type="checkbox"/>	Original copy of social security card must be brought to SDHC’s 3 rd Floor Reception window and photocopied by the receptionist	<input type="checkbox"/>
<input type="checkbox"/>	Copies of Permanent Resident Cards (front and back) for everyone who is not a U.S. Citizen	<input type="checkbox"/>
<input type="checkbox"/>	Verification of Income: Current verification of any sources of income listed on the Personal Declaration, e.g. two (2) months of pay stubs (current and prior month), SSA/SSI, Public Assistance, Child Support, VA benefits, Pension, disability/unemployment benefits (UIB), other contributions/gifts, etc.	<input type="checkbox"/>
<input type="checkbox"/>	Verification of Full Time Student Status: for full time students, 18-23 years of age, provide official school verification of attending school or vocational training on a full-time basis	<input type="checkbox"/>
Family Checklist	ADDING MINORS CHECKLIST	Office Use
<input type="checkbox"/>	Copy of Birth Certificates for minor(s)	<input type="checkbox"/>
<input type="checkbox"/>	Original copy of social security card must be brought to SDHC’s 3 rd Floor Reception window and photocopied by the receptionist	<input type="checkbox"/>
<input type="checkbox"/>	Copies of Permanent Resident Cards (front and back) for minor(s) who is not a U.S. Citizen	<input type="checkbox"/>
<input type="checkbox"/>	Verification of Income for minor: Current verification of any sources of income listed on the Personal Declaration, e.g. Public Assistance, Child Support, Foster Care, Adoption Assistance, SSI/SSA, other contributions/gifts, etc.	<input type="checkbox"/>
<input type="checkbox"/>	Custody verification such as court orders, notarized or sworn statements from absent parent	<input type="checkbox"/>