



Interim Change Form

Existe una versión traducida de este documento. Si es necesario, por favor, solicítela con la administradora de su caso.

You may also send an e-mail to your Rental Assistance Manager or to reportingchanges@nhhfa.org

Name: _____
Head of Household

Address: _____
Street Apt # City State Zip Code

Phone: _____ Email: _____

- **Households that currently have zero income must report all changes within 14 days.**
- Increases in income for households that already have income do not need to be reported until the next annual recertification.
- Decreases may be reported at any time, but must last more than thirty days.

Change in Income (Check One): **Increase** **Decrease**

If you are reporting a change in income, please provide the household members name and information below. Only complete what applies below:

Household Member	What changed (Job, Unemployment, Social Security, Child Support, Welfare benefits)	Date of change

Verifications required:

- **New Job:** Provide four consecutive pay stubs or a letter from your employer indicating the number of hours, amount of pay and start date.
- **Welfare benefits:** Benefit award letter from the agency that is providing the benefit or a check stub from the agency.
- **Social Security:** To obtain a benefit award letter from Social Security you may call 1-800-772-1213 or request one online at www.ssa.gov and mail it to us.

I certify that the information provided above is true and complete. I understand that providing false information or statements is grounds for termination of my rental assistance in the Section 8 Housing Choice Voucher program. With my signature I swear and attest that the above information is true and complete.

 Signature of Head of Household XXX-XX-_____
Last 4 digits of Social Security number Date

Mail original to: New Hampshire Housing, PO Box 5087, Manchester, NH 03108
Keep a copy for your records.

For Staff Use Only (Circle)	Increase	Decrease	No Change	Correction to the Annual	Other
9/2017					