

INTERIM RE-EXAMINATION REQUEST

The following information is needed **ONLY** if there has been a change in your family composition, income, or eligible deductions and allowances. It is your responsibility to report all changes in family size and income to the Housing Authority, in writing, within ten (10) days of the date the change has occurred according to your Housing Voucher and the Housing Authority's Policies. Failure to report changes could result in the termination of your assistance. If the information is not reported timely, you may be required to reimburse the Housing Authority retroactive to the date of the change.

PLEASE PRINT and complete entire form (front & back).

Head of Household Name: _____ SSN: _____

Current Address: _____ Zip: _____

Phone Number(s): Home # _____ Work # _____ Cell # _____

E-Mail Address: _____

Check the box(s) that have changed since your last re-examination

My **FAMILY COMPOSITION** has changed. My new family composition is as follows:

Full Name	Relationship	Sex	Age	DOB	SSN

If you are removing a family member from your household, indicate the reason and provide proof of his/her new residence (i.e. new lease, utility bills in his/her name at another address, legal document, etc.):

Name _____

Current address _____

My **FAMILY INCOME** has changed. My new income is as follows:

CHANGE IN EMPLOYMENT

Household Member's Name: _____

New Employer: _____ Phone No: _____

Address: _____ Zip: _____

Hire Date: _____ Amount: \$ _____ How often paid: _____

Former Employer: _____ Phone No: _____

Address: _____ Zip: _____

Last date of work: _____

CHANGE IN CURRENT WAGES:

Household Member's Name: _____

Increase or Decrease (please circle) in earnings with Employer: _____

Effective date of change: _____ Amount: \$ _____ How often paid: _____

Comments: _____

OTHER CHANGE IN INCOME (TANF, Child Support, General Assistance, Social Security, Pension, Retirement, etc.)

Household Member's Name: _____

Source of Income: _____ Phone No: _____

Address: _____ Zip: _____

Effective date of change: _____ Old Amount \$ _____ New Amount \$ _____

Comments: _____

If you are reporting **ZERO** income, each adult must complete a **Zero Income Declaration Form**.

My **CHILDCARE** has changed. My new childcare information is as follows:

Name of childcare provider: _____ Phone No. _____

Address: _____ Zip: _____

Amount paid: \$ _____ How often paid: ___ Weekly ___ Bi-Weekly ___ Monthly

Is childcare paid by any person or outside agency? ___ Yes ___ No

Name of person or Agency who pays: _____ Amount reimbursement received: \$ _____

Names of children in children for whom care is provided: _____

Childcare is necessary for (*name*) _____ to • work • attend school • seek employment

OTHER CHANGES: List and describe any other changes that would result in an increase or decrease in the amount of rent you are required to pay (such as unanticipated medical or disability assistance expenses)

DOCUMENT(S) PROVIDED:

I understand must provide any/all documents that the Caribou Housing Authority requests from my household, in the requested time frame, in order to make the above changes. Failure to do so may result in termination of the Section 8 Voucher.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful gales statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, and/or imprisoned up to five years if I furnish false or incomplete information

Head of Household Signature

Date