

Interim Reexamination Update Form

Date _____ Social Security Number _____

Head of Household _____

Address _____

City _____ Zip Code _____ Phone number _____

Describe the change you are requesting.

Check All That Apply

<input type="checkbox"/> Adding New Employer Family Member Name: _____ Employer Name: _____ <input type="checkbox"/> Employment Terminated Family Member Name: _____ Employer Name: _____ <input type="checkbox"/> Working Less Hours Family Member Name: _____ Employer Name: _____ <input type="checkbox"/> Increase in Rate of Pay/Hours Family Member Name: _____ Employer Name: _____ <input type="checkbox"/> Began Receiving Child Support <input type="checkbox"/> No Longer Receiving Child Support <input type="checkbox"/> Now Receiving OWF (TANF) <input type="checkbox"/> No Longer Receiving OWF (TANF)	<input type="checkbox"/> Receiving Social Security/SSI benefits Family Member Name: _____ <input type="checkbox"/> No Longer Receiving Social Security/SSI benefits Family Member Name: _____ <input type="checkbox"/> Receiving Unemployment benefits Family Member Name: _____ <input type="checkbox"/> No Longer Receiving Unemployment benefits Family Member Name: _____ <input type="checkbox"/> Adding Family Member Family Member Name: _____ Race: _____ Ethnicity: _____ <input type="checkbox"/> Removing Family Member Family Member Name: _____ <input type="checkbox"/> Other (Describe Above)
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I understand that any misrepresentation of information or failure to disclose information requested by YMHA may be grounds for termination.

Warning! Title 18, Section 1001 of the U.S. Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony.

Authorization for the Release of Requested Information

I _____ hereby authorize the release of the requested information. Information obtained under this consent is limited to information no older than 12 months. There are circumstances that would require the program to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Head of Household Signature _____ Date _____

Housing Choice Voucher Program
Items Needed to Complete Interim Reexamination Request

Please make sure to attach the requested information to the Interim Reexamination Update Form. If the information is not attached, delays will occur. Please allow at least 4 to 6 weeks for the request to be processed. Continue to pay the current rent amount until notification is provided in writing of a different amount.

Adding Household Member (Requires Office Visit During Walk-In Hours on Thursdays between 1:00 p.m. and 3:00 p.m.)

- Original Birth Certificate
- Original Social Security Card
- 214 Declaration
- Custody documents (if applicable)
- Letter from Owner/Agent Allowing New Member (except for newborns)
- Marriage Certificate (if applicable)
- Criminal Background Check (Adults 18 and Up)
- Debts Owed to PHA's (Adults 18 and Up)
- VAWA Acknowledgment (Adults 18 and Up)

Adding Income/Reducing Income

- Minimum of four (4) current, consecutive pay stubs or letter on company letterhead with hourly rate, hours worked per week and start date. A printout of gross pays from employer could also be accepted.
- Child Support printout showing three (3) full months. For example, if the printout is dated for July 5, the previous months of June, May and April must be on the printout.
- Benefit award letter from the Social Security Administration dated within the last sixty (60) days.
- Printout from Jobs and Family Services dated within the last sixty (60) days.
- Letter from Unemployment detailing benefits compensation.

Removing Income

- Termination letter on company letterhead with contact phone number
- Termination letter of benefits (Child Support, SS, SSI, Unemployment, OWF, etc.)

Removing Family Member

- Address of new residence