CURRENT HCV TENANTS ONLY

(Not Waiting List Applicants)

INTERIM CHANGE REQUEST FORM

HOUSING CHOICE VOUCHER / MOD REHAB PROGRAM

ANY CHANGE TO YOUR HOUSEHOLD AND/OR FINANCES MUST BE REPORTED

- **A completed Interim Change Form must be submitted to us within 14 days of any change**
- **A change usually requires the program client to provide additional verification: (see below)**
- **Changes will not be processed without a completed form and all required verification**

This form may be downloaded from the Housing Website at www.FrederickCountyMD.gov/housing, or obtained in person at 401 Sagner Avenue, Frederick, MD 21701.

FC-DHCD WILL SEND A FOLLOW-UP NOTIFICATION / DIRECTIVE WHEN THIS CHANGE IS PROCESSED

HEAD OF HOUSEHOLD NAME: _____

HOUSEHOLD MEMBER INVOLVED/AFFECTED: _____

UNIT ADDRESS: _____

CURRENT PHONE #: _____

TODAY'S DATE: _____ **DATE INTERIM CHANGE OCCURRED:** _____

1. **WHAT TYPE OF CHANGE (CHECK)?** **SEE SPECIFIC VERIFICATIONS AND ACTIONS NEEDED BELOW (#3)**

☐	**INCREASE IN INCOME ***	☐	**DECREASE IN INCOME ***
☐	**INCREASE IN FAMILY SIZE**	☐	**DECREASE IN FAMILY SIZE**
☐	**CHILD CARE CHANGE**	☐	**CHILD SUPPORT CHANGE**
☐	**OTHER:** _____		

* ***CHILD SUPPORT IS INCOME***

2. **EXPLAIN THE CHANGE:** *(for example "hours at work increased", "had a baby", "child moved out")*:

_____

_____

3. COMPLETE ACTION REQUIRED: **CLIENT RESPONSIBILITY TO PROVIDE VERIFICATIONS/REQUESTED INFORMATION**

INCREASE IN INCOME: ***FOR ANY INCOME CHG, YOU WILL NEED TO PROVIDE PAYSTUBS WITHIN THE NEXT 45 DAYS***

- **New Job:** Need official hiring statement including start date, wage & hour information.
- **Raise/Increase in hours:** provide details and paystubs
- **Other:** Attach copy of award letter or other verifying documentation.

DECREASE IN INCOME: ***FOR ANY INCOME CHG, YOU WILL NEED TO PROVIDE PAYSTUBS WITHIN THE NEXT 45 DAYS***

- **Loss of Employment**: Provide original employer verification of end date of employment.
- **Decrease in pay / hours:** provide details and paystubs
- **Other:** Attach written documentation to verify change
- *If this change puts you at* **Zero Income**: You must complete notarized Zero Income Statement.

CHILD CARE CHANGE

- Provide name/address of provider, name of child/children in care, and the amount you pay.
- If you receive POC/ Work-care, you must indicate the amount you pay.

CHILD SUPPORT CHANGE: ☐ **INCREASED** ☐ **DECREASED** ☐ **PER COURT ORDER**
CHG TO MONTHLY AMOUNT: **FROM** _____ **TO:** _____

- Provide court documents if applicable

INCREASE IN FAMILY SIZE:

Adding a person to your household requires written approval from your landlord.
FCDHCD Staff must see originals of Birth Certificates, Photo IDs and Social Security Cards

INCREASE IN FAMILY SIZE: CHILDREN UNDER 18

- Provide birth certificate, adoption papers, and/or court awarded custody papers
- Provide social security card

INCREASE IN FAMILY SIZE: ANYONE 18 OR OVER (REQUESTING TO ADD AN ADULT TO HOUSEHOLD)

- Complete as above *(for Children under 18)* and,
- Request a New Person Packet
- No adult may reside in the unit without the written approvals of the unit owner and FCDHCD to be added to the household.
- The DCHD will contact you to make appointments necessary complete this process.

DECREASE IN FAMILY SIZE:

PLEASE ANSWER QUESTIONS BELOW. WE WILL NEED VERIFICATION THAT THE INDIVIDUAL IS RESIDING ELSEWHERE

- **Who** left? _____
- **When** did they stop living in your assisted unit? _____
- **Where** did they go? *Provide New Address*:_____

  _____
- Request a new pg.1 of the Affidavit For Rental Benefits & an Affidavit of Residency: these must be completed and returned within 14 days of this Interim Form.

4. CERTIFICATION:

By signing this form, I certify under penalty of perjury that **ALL** of the information contained in this document and any other documents submitted in support of it are true and correct. I understand and acknowledge that making false statements on this document or any other document to obtain rental assistance benefits is a **FELONY** under Title 18, Section 1001 of the United States Code and Maryland state law. Punishment may include incarceration and severe monetary fines.

WARNING: Making false statements on this form or any other document used to obtain rental assistance benefits may result in removal from the program and CRIMINAL PROSECUTION.

XXX – XX -

SIGNATURE OF PARTICIPANT **SOCIAL SECURITY #**

FORM & ALL VERIFICATIONS MUST BE RETURNED TO:

Frederick County DHCD / Attn: HCV Program
401 Sagner Avenue ● Frederick, Maryland 21701 301-600-3504 ● FAX 301-600-3585 ● TTY Use Maryland Relay

We prefer you to submit in person- if you FAX or mail documents, please call to verify receipt.