WASHINGTON COUNTY



Form 20171027-Interim

OREGON

Any individual with a disability or other medical need who needs accommodation with respect to this correspondence should inform the Department.

 A completed Interim Change Form must be submitted to us within 10 days of the event. A change usually requires the client to provide additional verification: (see other side of form). Changes will not be processed without a completed form and all required verification. Changes can take up to 30 days to complete. 						
Head of Household Name:			Last 4 digits of SSN:			
Address:						
Email Address:			Cur	rent Pho	one:	
Name of Household Member(s) with Chang	ge:		•			
1. What has changed in your household: income, assets, and/or expenses. You		-		_		•
Select what has changed		Give a short explanation of the change				
My income has increased						
My income has decreased						
Someone has left my household:						
☐ I would like to add someone to my household						
My medical or childcare expenses have changed						
☐ I have had a change in my savings, checking, trust, or other assets accounts						
Regular support from family/friend/bill payment						
Self-employment, odd jobs, recycling, etc.						
Other (please specify)						
2. Household Composition: List all persons w **(examples of source of income: job, chi unemployment)	•					
Legal Name (as shown on SS card)	Date of Bir	th	Has Income?	**Sou	rce of Incom	ie
			□Yes □No			
			□Yes □No			
			□Yes □No			
			□Yes □No			
			□Yes □No			
			□Yes □No			
			□Yes □No			
			□Yes □No			
	CERT	ΓIFI	CATION			
I/We do hereby swear and attest that all of the in Department of Housing Services is required to ver- misrepresentation or failure to disclose information Federal law.	ify the inform	natio	n that I/we have	reported	. I/We unders	tand that any
WARNING : Title 18, Section 1001 of the United St making false or fraudulent statements to any dep			•		a felony for kr	nowingly and willingly
Head of Household Signature:						Date:







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Income Source	Documents Needed
Child Support	Court order or Child Support Agency statement for each child
Employment	Most current pay stubs (2 - 4 pay stubs) If no pay stubs, a signed offer letter for a new job
	or a letter on business letterhead from employer with:
	◆ Date of hire ◆ Average regular hours ◆ Rates of pay
Pension	A monthly statement or signed letter on business letterhead from the pension company
	stating the monthly payment amount
Self-Employment	A copy of last year's 1040 tax return and Schedule C or last year's income receipts and
	expense receipts.
Social Security	Social Security Award Letter. NOTE: Adults must submit award letter for benefits received
Benefits, SSA, or SSI	on behalf of a child under age 18.
TANF or SNAP	Department of Social Services Statement or Letter stating payment amount
Unemployment Payments	Unemployment Insurance Statement stating weekly benefit amount
Voluntary or Family	Signed letter from a person or letter on business letterhead from an organization stating
Support	◆ Contact information ◆ Dollar amount of support ◆ How often support is given
	Date support will stop
Worker's	Worker's Compensation Board, or Insurance Company Statement
Compensation	stating monthly payment amount
Loss of job	Signed letter on business letterhead from an organization showing termination or
	Copy of the two week notice you provided to your employer <i>and</i>
	A written statement from you explaining why you are no longer working
Reduction of work hours	Signed letter on business letterhead from an organization stating
	When the change was effective Average hours per week you will be working
	Rate of pay
Expenses	Documents Needed
Medical Expenses	A print out from your medical provider showing what you have paid out of pocket for the
(must qualify)	past 12 months or a copy of a new monthly premium
Day Care Expenses	A monthly statement or signed letter on business letterhead from the company <i>or</i>
(must qualify)	individual stating the monthly amount you pay
Service Animal Expenses	Receipts for the care and upkeep of your service animal
(must qualify)	
Household Members	Documents Needed
Removing a member	Copy of a new signed lease for that exiting household member <i>or</i> a signed letter on
	business letterhead from your current manager showing the member has been removed
A 1 II	from your current lease.
Adding a member	Adding Adults requires approval from your Occupancy Specialist – Please schedule an appointment
	Adding Children requires a copy of a State issued birth certificate or court papers showing
	you have legal custody of that child • copy of the social security card (front & back) •
	Citizenship declaration form
Student Status	Current transcript, school schedule print out, or letter from school official stating full-time
	status

Every year The Housing Authority contacts you for a full recertification of your household members and your income. In between the full recertification you are responsible to tell us, in writing, about certain changes (see list on the front of this form).

If Your Household Income Increases (for any reason)	The change will generally be effective 60 days from the date you turned in your change report on the first of that month. If you failed to report the increase in income you could be responsible to pay back the Housing Authority for rent assistance that was over paid on your behalf.
If Your Household Income Decreases (for any reason)	 Decreases in income may be reported at any time, but must be reported by the 15th of any month to consider a rent change for the first of the following month. Decreases reported after the 15th of the month and incomplete packets will be delayed for at least 30 days. For your rent to change, the decrease must last more than 45 days from the time reported, and cannot be due to a family member "taking a vacation" or other elected time away from work.

