WASHINGTON COUNTY
OREGON

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

Interim Change Report:

- **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:	Current Phone:
Name of Household Member(s) with Change:	

1. What has changed in your household: Please be specific and list all changes in household composition, income, assets, and/or expenses. You may be required to provide documents supporting these changes.

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 who are (or will be) living in your home beginning with the Head of Household **(examples of source of income: job, child support, Social Security / SSI / SSD, trust, spousal support, family support, unemployment)

Legal Name (as shown on SS card)	**Date of Birth**	**Has Income?**	****Source of Income**
		☐Yes ☐No	
		☐Yes ☐No	
		☐Yes ☐No	
		☐Yes ☐No	
		☐Yes ☐No	
		☐Yes ☐No	
		☐Yes ☐No	
		☐Yes ☐No	
		☐Yes ☐No	

CERTIFICATION

I/We do hereby swear and attest that all of the information reported on this form is true and complete. I/We understand that the Department of Housing Services is required to verify the information that I/we have reported. I/We understand that any misrepresentation or failure to disclose information may be grounds for termination of assistance and may be punishable under Federal law.

WARNING: *Title 18, Section 1001 of the United Stated Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.*

Head of Household Signature:	Date:

Department of Housing Services
161 NW Adams Ave, Suite 2000, MS 63, Hillsboro, OR 97124-3072
(503) 846-4794 • fax (503) 846-4795 • TTY dial 711
www.co.washington.or.us/housing
Equal Housing Opportunity

EQUAL HOUSING OPPORTUNITY

WASHINGTON COUNTY
OREGON

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Type of Change: Required Documents

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 Benefits, SSA, or SSI	Social Security Award Letter. NOTE: Adults must submit award letter for benefits received 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 Support	Signed letter from a person or letter on business letterhead from an organization stating • Contact information • Dollar amount of support • How often support is given • Date support will stop
Worker's Compensation	Worker's Compensation Board, or Insurance Company Statement 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 ***and*** 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 (must qualify)	A print out from your medical provider showing what you have paid out of pocket for the past 12 months or a copy of a new monthly premium
Day Care Expenses (must qualify)	A monthly statement or signed letter on business letterhead from the company ***or*** individual stating the monthly amount you pay
Service Animal Expenses (must qualify)	Receipts for the care and upkeep of your service animal
Household Members	Documents Needed
Removing a member	Copy of a new signed lease for that exiting household member ***or*** a signed letter on business letterhead from your current manager showing the member has been removed 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 20th 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.

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