



INTERIM REQUEST FORM

HCV 10/2015

HOUSEHOLD CONTACT INFORMATION

Name:		Date:	
Street Address:		Cell #:	
City, State, Zip:		Work #:	
Email:		Home #:	

FAMILY COMPOSITION CHANGES:

I request to have _____, my _____, **added** to the lease.

I request to have _____, my _____, **removed** from the lease.

Reason: _____

New Address, if applicable:

HOUSEHOLD ADDITIONS/DELETIONS

- *You must notify COC in writing of the birth, adoption, or court-award custody of a child within 10 business days.*
- *You must submit a written request and receive approval from COC to add any other individuals as an occupant of the assisted unit.*
- *You must notify COC in writing if any household member no longer lives in the assisted unit within 10 business days. Removal documentation (proof of new address from Post Office, rent receipts, court order, divorce or legal separation papers, notarized letter from the individual being removed etc.) is required.*

INCOME CHANGES:

Any time a household member begins receiving income from a new income source, including returning to work for an employer that the member had previously worked for, the family is required to report the change in writing within 10 business days. You will be required to provide supporting documentation to process this change.

My household has experienced the following income change:

Increase in Income: _____ Increase in Expenses/Deductions: _____

Decrease in Income: _____ Decrease of Expenses/Deductions: _____

Termination of Income: _____ Terminations of Expenses/Deductions: _____

Please list the household member experiencing the income change and list the details regarding the change below:

Your request will be responded to within 24-48 hours.