



INTERIM INSTRUCTIONS

Greetings,

You are receiving this Interim package due to a reported change in your household.

For any family with any kind of changes amongst them, change of income and/or a change in their family composition, must complete this interim packet.

In addition to this being filled out, we need a letter from you and/or your family member's employer indicating that you/or your adult family member are not currently working. If the employer cannot provide a letter, you/or your family member should fill out an Income Verification Form (enclosed). Along with the form, we will need a letter from you or your family member stating the last date of work, and the reason why you are unable to obtain a letter from the employer. You must also indicate in the letter rather you are or are not going to apply for unemployment. If you are or will be applying for unemployment, please give us a copy of the decision/response from the Unemployment Office.

Please note, if the head of household and /or adult household member(s) do not have any source of income, you and or the adult member must fill out the Affidavit of Non-Income (see enclosed, the 2 page-form for head of household, the 1 page-form for other adult family members).

On the next page is the contact information of your Case Specialist by your last name for further assistance.

Should you have any general questions or concerns, please reach out to Anastasia Augustin, HCV Program Administrator at (203) 977-1400 ext. 3314 or email:

AAugustin@CharterOakCommunities.org

Best regards,

Housing Choice Voucher (HCV)
Management



CHARTER OAK
COMMUNITIES

HCV CASE SPECIALIST CONTACT INFORMATION LIST

As of Sep 1, 2025

Please note that this contact list assignment may be amended at any time without notice

HCV Participant if your last name starts with:	Your HCV Case Specialist is :↓↓	Phone (203) 977-1400 Ext. #	Your HCV Case Specialist Email
A - Dar	Ruth Jean-Pierre	3336	RJean-pierre@charteroakcommunities.org
Das - Him	Ali Diop	3313	ADiop@charteroakcommunities.org
Hin- Moo	Jenny Vitali	3360	JVitali@charteroakcommunities.org
Mop-Sai	Elvin Rodriguez	3306	ERodriguez@charteroakcommunities.org
Saj-Z	Ed Poole	3333	EPoole@charteroakcommunities.org

Portability and SRO Participants only

Case Specialist: Samantha Fourcault

A - L	Port-Ins	3330	SFourcault@charteroakcommunities.org
A - Z	58 Stone Street	3330	SFourcault@charteroakcommunities.org
A - Z	Forest Street(SRO4)	3330	SFourcault@charteroakcommunities.org

Case Specialist: Wendy Herrera

M - Z	Port-Ins	3302	WHerrera@CharterOakCommunities.org
A - Z	Woodland (SRO5)	3302	WHerrera@CharterOakCommunities.org

OTHER HCV CONTACT

HCV Program Manager

Gabriela Parada-Bravo

Phone: (203) 977-1400 Ext. 3304

E-mail: GParada@charteroakcommunities.org

HCV Intake Coordinator

Veronica Nieves

Phone: (203) 977-1400 Ext. 3312

E-mail: VNieves@charteroakcommunities.org

HCV Program Administrator

Annastasia Augustin

Phone: (203) 977-1400 Ext. 3314

E-mail: AAugustin@charteroakcommunities.org



INTERIM REQUEST FORM

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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:



PERSONAL DECLARATION FORM

HOUSEHOLD CONTACT INFORMATION

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

HOUSEHOLD COMPOSITION – YOU MUST LIST ALL THE MEMBERS WHO RESIDE IN YOUR HOUSEHOLD

Failure to accurately report your household composition is a serious program violation and may lead to termination. No one else can join the household without prior approval from Charter Oak Communities (COC).

Adult Household Member's Name	Relationship to Head of Household	Date of Birth	Social Security Number	Marital Status	Race/Ethnicity	Full-time or Part-Time Student
	Head of Household (HOH)					
	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult Relationship to HOH:					
	Other Adult Relationship to HOH:					
	Other Adult Relationship to HOH:					

Children Household Member's Name	Relationship to Head of Household	Race/Ethnicity	School Name	Absent Parents Name	Absent Parents Address

PERSONAL DECLARATION FORM

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Have any adult members of the household ever used any name(s) or social security number(s) other than the one you are currently using?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>If yes, please explain:</i>		
Are any household members temporarily absent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>If yes, list name(s):</i>		
Are any household members permanently absent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>If yes, list name(s):</i>		
Are there any Foster Children/Adults who are part of the household?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>If yes, list name(s):</i>		
Are there any Live-In Care Attendants?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>If yes, list name(s):</i>		

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 TAX RETURNS

QUESTION	NO	YES
Do you or any other household members file Income Tax Returns?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please specify which member below and bring completed tax returns:</i>		

MEDICAL (To claim deductions for Medical Expenses you must be an Elderly or Disabled Household. Proof of payment must be submitted.)

Question #	QUESTIONS	Question #	NO	YES	AMOUNT
1.	Do you have any outstanding medical bills on which you are paying?	1.	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Do you pay for medical insurance?	2.	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Do you pay for prescription medication?	3.	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Do you have any non-prescription (over the counter) medication (aspirin, insulin, etc.) that your doctor has asked that you use regularly? <i>(If yes, provide a doctor's note)</i>	4.	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Do you expect to have any extraordinary medical/dental expenses in the next 12 months?	5.	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Do you pay for a care attendant or any equipment for a disabled household member?	6.	<input type="checkbox"/>	<input type="checkbox"/>	\$

PERSONAL DECLARATION FORM

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HOUSEHOLD INCOME

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. Please answer YES or NO to the following. If yes, please provide the amounts below. YOU MUST ANSWER ALL QUESTIONS.

Do you or any household members (INCLUDING CHILDREN) have income or expect to receive lump sum payments from the following sources:

Question #	QUESTIONS	Question#	NO	YES	AMOUNT
1.	Does your household have zero (0) income? <i>If yes, you must complete a No Income Affidavit.</i>	1.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Employment (wages, salaries including overtime, tips, bonuses)?	2.	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Self-employment and/or Income from Business?	3.	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Cash wages?	4.	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Unemployment Benefits?	5.	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Active Military/Armed Forces/Veteran's pay?	6.	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	Severance Pay?	7.	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Disability?	8.	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Social Security?	9.	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Pension/Retirement/Annuity benefit?	10.	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Supplemental Security Income?	11.	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Welfare Assistance?	12.	<input type="checkbox"/>	<input type="checkbox"/>	\$
13.	Workers' Compensation?	13.	<input type="checkbox"/>	<input type="checkbox"/>	\$
14.	TANF/Public Assistance?	14.	<input type="checkbox"/>	<input type="checkbox"/>	\$
15.	Food Stamps?	15.	<input type="checkbox"/>	<input type="checkbox"/>	\$
16.	Child Support?	16.	<input type="checkbox"/>	<input type="checkbox"/>	\$
17.	Alimony?	17.	<input type="checkbox"/>	<input type="checkbox"/>	\$
18.	Does anyone outside of your household pay any of your bills or give you money?	18.	<input type="checkbox"/>	<input type="checkbox"/>	\$
19.	Insurance/death policies/settlements?	19.	<input type="checkbox"/>	<input type="checkbox"/>	\$
20.	Lottery winnings?	20.	<input type="checkbox"/>	<input type="checkbox"/>	\$
21.	Work Study?	21.	<input type="checkbox"/>	<input type="checkbox"/>	\$
22.	Other Sources? <i>If yes, list sources:</i>	22.	<input type="checkbox"/>	<input type="checkbox"/>	\$

If you answered yes to any of the above questions, please list the name of the household member and fill in the amount under the source of income.

Note: Write the word "NONE" in any blank income space for that member.

Household Member's Name	Employer Name	Gross Weekly Wages	State/ City Welfare	Child Support Weekly	Social Security Benefits	Un-employment Benefits	Pension/ All Other Income
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

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HOUSEHOLD ASSETS

Answer YES or NO to the following. If yes, provide the amounts below.

Do you or any household members have assets from the following:

Question #	QUESTIONS	Question#	NO	YES	AMOUNT
1.	Checking/Savings Account(s)?	1.	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Certificates of Deposit?	2.	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	IRA/KEOGH?	3.	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Other Retirement Funds?	4.	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Securities?	5.	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Trust Accounts?	6.	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<i>If yes, is trust irrevocable?</i>		<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	Money Market Accounts?	7.	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Stocks?	8.	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Bonds?	9.	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Annuities?	10.	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Mutual Funds?	11.	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Any coin/stamp collections, jewelry, gems, or any other items held as an investment?	12.	<input type="checkbox"/>	<input type="checkbox"/>	\$
13.	Any other assets not listed above (excluding personal property)? <i>If yes, list assets:</i>	13.	<input type="checkbox"/>	<input type="checkbox"/>	\$
14.	Do you Own a Car? <i>If yes, what is your monthly car payment?</i>	14.	<input type="checkbox"/>	<input type="checkbox"/>	\$
15.	Do you receive rental income from a home or other real estate?	15.	<input type="checkbox"/>	<input type="checkbox"/>	\$
16.	Do you own real estate? <i>If yes, location?</i> <i>If yes, type of property?</i> <i>If yes, appraised market value?</i> <i>If yes, mortgage or outstanding loans balance due?</i> <i>If yes, annual insurance premium?</i> <i>If yes, most recent tax bill?</i>	16.	<input type="checkbox"/>	<input type="checkbox"/>	\$
17.	Have you disposed of any property in the last 2 years? <i>If yes, type of property?</i> <i>If yes, date of transaction?</i> <i>If yes, market value when sold/disposed?</i> <i>If yes, amount sold/disposed for?</i>	17.	<input type="checkbox"/>	<input type="checkbox"/>	\$
18.	Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? <i>If yes, describe the asset:</i> <i>If yes, amount disposed?</i>	18.	<input type="checkbox"/>	<input type="checkbox"/>	\$
19.	Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household? <i>If yes, describe:</i>	19.	<input type="checkbox"/>	<input type="checkbox"/>	\$

PERSONAL DECLARATION FORM

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If you answered yes to any of the previous Household Assets questions, please list the name of the household member, asset type (i.e. savings, checking, certificate of deposit, etc.), the name of the bank or financial institution, the amount, and the interest rate below.

Household Member's Name	Type of Asset	Bank/Financial Institution	Amount	Interest Rate
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%

CHILD AND DEPENDENT CARE (To claim deductions for the following expenses you must fill out a separate expense form.)

Question #	QUESTIONS	Question #	NO	YES	AMOUNT
1.	Do you pay childcare expenses for a child(ren) under the age of 13 because you work?	1.	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<i>If yes, enter provider name and address:</i>				
2.	Do you pay childcare expenses for a child(ren) under the age of 13 because you are actively looking for work?	2.	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<i>If yes, enter provider name and address:</i>				
3.	Do you pay childcare expenses for a child(ren) under the age of 13 because you attend school?	3.	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<i>If yes, enter provider name and address:</i>				
4.	Does any person/agency outside of your household pay any part of your child care expenses?	4.	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<i>If yes, enter person/agency name and address:</i>				
5.	Do you pay for a care attendant or any equipment for a disabled household member necessary to enable that person or someone else in the household to work?	5.	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<i>If yes, enter care attendant's name and address or equipment type:</i>				

PERSONAL DECLARATION FORM

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REASONABLE ACCOMMODATION & VIOLENCE AGAINST WOMEN ACT

If you or anyone in your household is a person with disabilities and requires a specific accommodation in order to fully access the Housing Choice Voucher Program or if you are a victim or threatened victim of domestic violence, dating violence, or stalking, you have certain protections under the Violence Against Women Act (VAWA), please contact your Housing Specialist.

PARTICIPATION(S) CERTIFICATION

I/We have understood and answered all questions on this reexamination update. I/We certify that all answers are true to the best of my/our knowledge and that any misrepresentations of information or false statements are punishable under Federal Law and grounds for termination of participation.

I/We also understand that **all changes in the income** of any member of the household as well as any changes in the household members' family compositions must be reported to Charter Oak Communities in writing **within 10 days** of the change.

WARNING! Title 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES OF AMERICA.

Signature of Head of Household _____ Date _____

Signature of Spouse/Co-Head of Household _____ Date _____

Signature of Adult Member of Household _____ Date _____

Signature of Adult Member of Household _____ Date _____

Signature of Adult Member of Household _____ Date _____

Name of Person completing Form if <u>not</u> Head or Spouse/Co-Head of Household:	Name:	
Signature:	Phone:	Date:

Head of Household Name: _____



ZERO INCOME QUESTIONNAIRE AND CERTIFICATION

This form must be completed for each household member over the age of 18 years old reporting zero income. This form must be returned within 10 business days of the date sent to remain in compliance. Failure to return the form may result in termination from the Housing Choice Voucher Program.

Name of Household Member

Please describe how you are meeting your basic daily/monthly needs by filling in **ALL** blanks on this form. **DO NOT leave any blanks!** If it does not apply write N/A in the space.

Expenses	How is this paid for? List all sources	How often is this received?	Amount Received
Food			
Groceries			
Fast Food Costs			
Restaurants			
Adult Beverages			
Alcohol			
Tobacco products (vaping, tobacco, other)			
Housing Costs			
Electricity			
Gas			
Water/Sewer			
Grooming Supplies (Shampoo, soap, deodorant, etc.)			
Household Supplies			
Cleaning supplies (laundry detergent, dish soap, etc.)			
Paper products (toilet paper, tissues, paper towels, etc.)			
Computer Supplies			

Head of Household Name: _____



ZERO INCOME QUESTIONNAIRE AND CERTIFICATION

Over the counter medication			
Personal Care <u>Supplies</u> (make-up, hair, nails, tanning, etc.)			
Pet Costs (vet bills, food, license, litter, etc.)			
Expenses	How is this paid for? List all sources	How often is this received?	Amount Received
Transportation			
Vehicle loan payments			
Vehicle insurance			
Gasoline			
Gas money to others			
Vehicle maintenance			
Bus Fare			
Uber/taxi fare			
Entertainment			
Cable/streaming apps (Netflix, Hulu etc.)			
Movies			
Sporting events			
Gambling			
Vacations			
Other entertainment			
Clothing Expenses			
Clothing			
Shoes			
Laundry			
Jewelry			
Medical/Disability Expenses			
Co-pay			
Insurance premium			
Medicine			

Head of Household Name: _____



ZERO INCOME QUESTIONNAIRE AND CERTIFICATION

Attendant care			
<u>Child Care Costs</u>			
<u>Communication</u>			
Cell phone			
Internet			
landline			

I certify that the information provided to Charter Oak Communities is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law. I also understand that false statements are grounds for termination of housing assistance and termination of tenancy. I understand that my income will be reviewed in six months (6), therefore I will supply all documentation requested in order to stay in good standing.

Print Household Member Name_____

Signature of Household Member_____ Date_____



Head of Household Last Name: _____

Specialist Initials: _____

INCOME VERIFICATION AUTHORIZATION

I, _____ hereby authorize Housing Authority of the City of Stamford, to contact any agency, employer, group or organization to obtain any and all information or materials which are deemed necessary to determine if I am eligible for participation in the Section 8 Rental Assistance Program. I understand that this information is only for the purpose of determining my eligibility and will be kept confidential.

Signature

Date

Address: _____ Social Security #: _____

Phone: _____ Email: _____

Start of Employment: _____ End of Employment (if applicable): _____

Provided below is information which may be of some assistance to you in obtaining my records:

NAME OF EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Contact Name: _____ Department: _____

Phone Number: _____ Fax Number: _____