



Housing Authority of the City of Rosenberg

REQUEST FOR SPECIAL ADJUSTMENT INTERIM RECERTIFICATION

NAME: _____ PHONE NUMBER: _____
 ADDRESS: _____

I WISH TO ADD / REMOVE ON MY LEASE (CIRCLE ONE).

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>SOCIAL SECURITY #</u>
_____	_____	_____	_____
_____	_____	_____	_____

I UNDERSTAND EACH PERSON ADDED MUST HAVE A COPY OF THEIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD AND TEXAS IDENTIFICATION ADDED TO MY FILE AND THEIR INCOME MUST BE REPORTED AND ALSO A CRIMINAL BACKGROUND CHECK MUST BE CONDUCTED.

LIST ALL CURRENT SOURCES OF INCOME FOR ALL FAMILY MEMBERS:

<u>NAME</u>	<u>SOURCE OF INCOME</u>	<u>AMOUNT</u>
_____	_____	_____
_____	_____	_____

LIST CHILD CARE EXPENSE (PUT NAME AND ADDRESS OF CHILD CARE PROVIDER):

LIST ALL MEDICAL EXPENSES (DISABLED AND PERSONS OVER 62 ONLY):

THE REASON FOR MY CHANGE OF INCOME/FAMILY COMPOSITION IS:

I UNDERSTAND THESE CHANGES MUST BE VERIFIED IN WRITING AND THAT I AM RESPONSIBLE FOR INSURING THE NECESSARY INFORMATION IS PROVIDED WITHIN TEN (10) DAYS OF THIS REPORT. I UNDERSTAND SPECIAL ADJUSTMENT PAPERS WILL NEED TO BE SIGNED BY BOTH MY LANDLORD AND MYSELF. THESE PAPERS MUST BE SIGNED WITHIN 30 TO 46 DAYS OF THIS REQUEST. I AM RESPONSIBLE FOR INSURING THAT MY CASE REFLECTS ACCURATE INFORMATION AND THAT I PAY THE APPROPRIATE RENT IN ACCORDANCE WITH THIS CHANGE.

 APPLICANT'S SIGNATURE _____
DATE

WARNING: I FURTHER UNDERSTAND THAT SECTION 1001 OF TITLE 18 OF U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE FEDERAL GOVERNMENT AS TO ANY MATTER WITHIN ITS JURISDICTION.