



Interim Request: Change in Other Income

Increases only need to be reported if your household is under the Minimum Rent Hardship Exemption

No decreases will be processed within the first 6 months of coming onto the program with the RHA

****Only 1 decrease will be processed per year if the decrease results in a more than 10% drop in total household income****

The Interim Hardship Policy can be found at www.rosenbergha.org

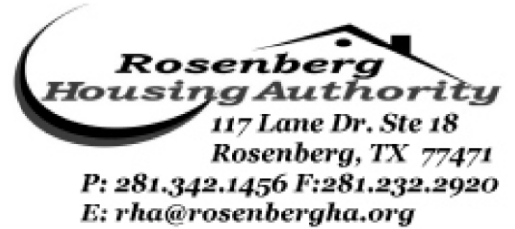
1. Fill out attached Interim Change Request Form.
2. Provide proper verification of the change:
 - Child Support: Provide recent payment printout from Texas Attorney General's Office; OR fill out attached "Verification of Child Support Income" form
 - Social Security: Provide most recent award letter
 - Contributions: Complete attached "Verification of Contributions" form by both voucher holder and person contributing to household.
3. Return the completed packet, verifications/forms and any additional information in person to the RHA or through your AssistanceCheck portal.

PLEASE NOTE: An interim request consists of two parts: a request for a change and required verification documents supporting the requested change.

If either part is missing, an interim request has not been made and does not constitute as notifying the RHA of the change. If requested through AssistanceCheck without both parts, the request will be Denied/Closed. If submitted to the office, it will not be received by the housing authority.

*****Complete requests need to be received by the 20th of the month to be effective the 1st of the following month*****

Permission to make as many copies of the Employer Verification Form as needed.
Additional copies can be found at the RHA Website: www.rosenbergha.org and choose Forms



INTERIM CHANGE REQUEST FORM

HOUSING CHOICE VOUCHER PROGRAM (SECTION 8)

A valid Interim Request requires:

- A **completed** Interim Change Form or reporting on Assistance Check
- Verification of the change (see cover page "Interim Request Change in Other Income")
- **Changes will not be processed without a completed form and all required verification**

This form may be downloaded from the Housing Website at www.rosenbergha.org, or obtained in person at 117 Lane Dr. Ste 18 Rosenberg, TX 77471.

HEAD OF HOUSEHOLD NAME: _____

HOUSEHOLD MEMBER INVOLVED/AFFECTED: _____

UNIT ADDRESS: _____

CURRENT PHONE #: _____

TODAY'S DATE: _____ DATE INTERIM CHANGE OCCURRED: _____

1. WHAT TYPE OF CHANGE?

___ Increase OR ___ Decrease (choose one)

Choose type of income that has changed (choose one)

___ CHILD SUPPORT income

___ Social Security/SSDI/SSI income

___ Contribution income

___ Other (please specify: _____)

2. PROVIDE VERIFICATION OF THE CHANGE*

*refer to cover page:

"Interim Request Change in Other Income"

3. CERTIFICATION:

By signing this form, I certify under penalty of perjury that **ALL** of the information contained in this document and any other documents submitted in support of it are true and correct. I understand and acknowledge that making false statements on this document or any other document to obtain rental assistance benefits is a **FELONY** under Title 18, Section 1001 of the United States Code and Maryland state law. Punishment may include incarceration and severe monetary fines.

WARNING: Making false statements on this form or any other document used to obtain rental assistance benefits may result in removal from the program and CRIMINAL PROSECUTION.

SIGNATURE OF PARTICIPANT

XXX - XX -

SOCIAL SECURITY #



ATTORNEY GENERAL OF TEXAS

Ken Paxton
Child Support Division

Verification of Child Support Income /
Verificación de Ingresos de Manutención de Niños

Date / Fecha: _____

Recipient / Beneficiario: _____

Name and Address of Requesting Authority
/ Nombre y dirección de Autoridad
Solicitante:

Full SSN: / Número de
Seguro Social: _____

Date of Birth: _____

Payor / Pagador: _____

Requesting Authority Agent Name /
Nombre de Agente de Autoridad
Solicitante:

Name of Child (ren) / Nombre de Niño(s):

Telephone and fax number
/ Número de teléfono y
fax:

Email Address:

I hereby authorize the release of all child support income information requested on this verification form to the above named requesting authority.

Por la presente autorizo la revelación de toda la información sobre los ingresos de manutención de niños, solicitada en este formulario de verificación, a la autoridad solicitante nombrada arriba.

Applicant's Signature / Firma del Solicitante

Date / Fecha

WARNING: Section 1001 of Title 18 of the U. S. code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its jurisdiction. Texas Government Code § 559 gives you the right to review and request correction of information on this form.

AVISO: La Sección 1001 Del Título 18 del código de los Estados Unidos establece como un delito penal el hacer declaraciones falsas o distorsiones intencionales a cualquier departamento o agencia de los Estados Unidos con respecto a asuntos dentro de su jurisdicción. El Código Gubernamental de Texas § 559 le proporciona a usted el derecho de revisar y solicitar la corrección de información en este formulario.



Housing Authority of the City of Rosenberg

VERIFICATION OF CONTRIBUTIONS (RECERT ___/INTERIM ___/WAITING LIST ___)

APPLICANT/TENANT NAME: _____ SS# _____

NAME OF CONTRIBUTOR: _____
PHONE NUMBER _____

ADDRESS OF CONTRIBUTOR: _____
ADDRESS CITY/STATE ZIP

The individual named above is an applicant for housing assistance. Federal regulations require that we must verify the family's income, expenses and other information related to eligibility. We are required to complete our verification process in a short time period and would appreciate your prompt response. Please feel free to contact our office. Thank you for your cooperation.

Rosenberg Housing Authority (281) 342-1456
 Contract Name Telephone Number

I hereby authorize the release of the information requested below.

X _____
Signature Date

TO BE COMPLETED BY CONTRIBUTOR:

I expect to contribute per \$ _____, _____, _____ to the above listed household.
WEEK MONTH YEAR

I certify that the preceding information is true and correct.

Signature of Contributor Date Telephone Number

RETURN TO THE ADDRESS BELOW

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