



# Interim Request: New Job Income

\*Increases **ONLY** need to be reported if your household is under the *Minimum Rent Hardship Exemption*\*

1. Fill out attached Interim Request Change Form.
2. If reporting new income, submit:
  - 3 recent, consecutive paystubs; **OR**
  - Official hiring statement including start date, wage & hour information on company letterhead, signed by employer; **OR**
  - Fill out the top portion of the employment verification form (see attached) and submit to RHA (RHA will then send directly to the employer to be completed and returned directly to the RHA)
3. Return the completed packet, forms and any additional information in person to the RHA or through AssistanceCheck.

**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.

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](http://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 documenting the change (see cover page)
- **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](http://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. Name of new employer: \_\_\_\_\_

Date of first paycheck: \_\_\_\_\_

**2. PROVIDE VERIFICATION OF THE CHANGE\***

\*Refer to cover page: "Interim Request: New Job 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.***

XXX - XX -

SIGNATURE OF PARTICIPANT  
SECURITY #

SOCIAL



**ROSENBERG HOUSING AUTHORITY  
117 LANE DR., SUITE 18  
ROSENBERG, TX 77474  
(281) 342-1456  
FAX (281) 232-2920**

**Third Party EMPLOYMENT VERIFICATION**

**(RECERT \_\_\_/INTERIM \_\_\_/WAITING LIST \_\_\_/IVT \_\_\_)**

Employer Name: \_\_\_\_\_

DATE: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone#: \_\_\_\_\_

\_\_\_\_\_

Employer Fax#: \_\_\_\_\_

It is necessary for the Rosenberg Housing Authority to have on file written verification of all family income to establish eligibility for housing and to determine the monthly rent. **The Department of Housing and Urban Development requires that the applicant must not assist in anyway with the process of obtaining income verification.**

**Please furnish to the Housing Authority all information requested below:**

My signature below gives full authorization to my employer to disclose  
All information listed below to the Rosenberg Housing Authority.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

**\*\*\*\*STOP HERE AND RETURN TO THE RHA. THE RHA WILL SEND DIRECTLY TO THE EMPLOYER TO  
COMPLETE AND RETURN DIRECTLY TO THE RHA \*\*\*\***



**If currently employed fill in start date to present. If no longer employed fill in start date to ending date.**

Employed by you: From \_\_\_\_\_ to \_\_\_\_\_ Occupation \_\_\_\_\_

Income Record: Gross rate of pay \_\_\_\_\_ per \_\_\_\_\_

Date employee began receiving the amount \_\_\_\_\_

Earnings past 12 months: \_\_\_\_\_ (or from date of employment) from \_\_\_\_\_ to \_\_\_\_\_

Anticipated earnings next 12 months \_\_\_\_\_

How often paid: Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_

Hours worked per week \_\_\_\_\_ Regular \_\_\_\_\_ Overtime \_\_\_\_\_

Commissions, Bonus and/or tips per week: \_\_\_\_\_

Is employment: Permanent? \_\_\_\_\_ Seasonal? \_\_\_\_\_ Temporary? \_\_\_\_\_

REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ NAME/TITLE: \_\_\_\_\_

**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.**

**OFFICE HOURS: Monday through Thursday 9:00 to 12:00 p.m. and 1:00 to 4:00 p.m.**