



Interim Request: Decrease in Job Income

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. If reporting a loss of income:
 - Provide original employer verification of end date of employment: 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)
4. If reporting reduced hours, send 3 most recent paystubs
5. 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.

*****Complete requests need to be received before 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 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, 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? (CHECK ONE)

____ Loss of job income OR ____ Decrease in job income more than 10%

Employer: _____

2. EXPLAIN JOB LOSS(REQUIRED): (for example "hours at work decreased", "lost job",

3. PROVIDE VERIFICATION OF THE CHANGE*

*Refer to cover page: "Interim Request Decrease in Job Income/Lost Job"

****If this change puts you at \$0 income, you must also complete the attached "Zero Income Statement" ****

4. 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 #



**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: _____

REQUIRED: EXPLAIN LOSS OF EMPLOYMENT

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.

117 Lane Dr. Ste. 18
Rosenberg, Texas 77471
Tel: 281-342-1456
Fax: 281-232-2920
www.rosenberggha.org
rha@rosenberggha.org

ZERO INCOME AFFIDAVIT

I do hereby certify and affirm that I do not have any earned wages and/or any other source of income at the present time. This includes but is not limited to income from any of the following:

- Wages, salaries, tips or commissions, overtime, bonuses, or other compensation for personal services from an employer (Full time or part time)
- Military pay
- Odd jobs
- Operation of a business (Self-employment)
- Social Security income
- Welfare assistance payments (TANF)
- Retirement funds or pensions
- Unemployment compensation
- Child support payments
- Alimony payments
- Disability benefits
- Death benefits
- Insurance policies
- Annuities or other investments
- Interest, dividends, or other income from real or personal property and/or
- Contributions or gifts from anyone outside of the home for bills or living expenses.

By signing this, I understand that I am required to notify the housing authority of any changes in my income within ten (60) business days of such change. I also give RHA permission to obtain a copy of any tax returns submitted to the Internal Revenue Service.

Print Name

Signature

Last four of Social Security Number

Date

Statement of Sole Support

I hereby certify and affirm that I provide support for the above household member 18 years or older who does not have any source of income at the present time.

Print Name

Signature

Date

Title 18 Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. government.