INTERIM CHANGE REPORT

Please answer all questions and remember incomplete information can cause a delay in change to your rental portion. Use this form If you have any changes requiring a reexamination of your family size or income (except annual reexamination). Fill out & bring this interim request form to Longmont Housing Authority within 10 days of the change. ***Changes must be submitted by the 20th of the month.***

***Remember**: Provide proper verification of your changes; employment verification for start/finish of a job, child support print-outs, notarized child care verification ect. Any changes in family composition must be accompanied by a notarized statement stating that the family member is coming into or leaving the home and a letter from your landlord stating that this change can be made to your lease.

Name: _____ SSN: _____

Address: _____

Daytime Phone: _____ Home Phone: _____

Please describe changes that occurred in your household. If you wish to move please provide date of transfer requested.

_____

_____

_____

Do you think your rental portion should be adjusted and why?

_____

_____

List ALL people who are or will be living in your home

NAME	RELATIONSHIP	SEX	AGE	BIRTHDATE	SOCIAL SECURITY #
1	self				
2					
3					
4					
5					
6					

***If you are adding a new member of household, include citizenship status.**

List ALL money (or *items in lieu of support/income) received by everyone living with you, including children (if none, indicate "none"):

RECEIVED BY	WHERE FROM?	MONTHLY GROSS AMOUNT

_____ Yes, I receive child support in the amount of $_____ per month

_____ No, I don't receive any child support

*_____ Yes, I receive contributions from a third party such as food, diapers, insurance, etc.

*_____ No, I don't receive any contributions from a third party.

If any member of this household is employed please list

Name of person employed:	Name and Address of employer	Phone Number:	Rate of Pay	Hours per week

Do you pay for childcare that enables you to work or attend school? ___Yes ___No

Does Social Services or any other agency help pay for childcare? ___Yes ___No

How much do you pay for daycare? (Don't include amounts reimbursed by others)

$_____per week or $_____per month

Name of Provider	Address:	Phone:	Name of Child

TENANT/PARTICIPANT CERTIFICATION

As Head or Co-Head of the Household, I certify that all information reported to the Longmont Housing Authority is complete, true, and correct for all members of the household. I also understand as the signor for the household, I will be held responsible for the accuracy and completeness of all information given to Longmont Housing Authority by all household members.

_____

Signature Date

Longmont Housing Authority 1228 Main St. Longmont, CO 80501

Phone 303-651-8581 Fax 303-682-2899 TDD Hearing Impaired only: 303-651-8748

Business Hours Monday – Friday 8:00 am – 5:00pm