



**Housing Authority of the City and County of San Francisco**  
Housing Choice Voucher – Interim Reexamination Form

## INTERIM CHECKLIST

<b>Tenant Name:</b>	<b>Tenant Number:</b>	<b>Date:</b>
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An **Interim** is needed when requesting to add or remove a family member from your household composition and when there is a change in your household income. To determine your continued assistance, you need to submit information about your household, including income and composition.

- Please complete the **Interim Change Declaration**: All family members 18 years of age and older must sign in the appropriate spaces.
- **Change in Household Income**: Current income verification (no more than 60 days old). This includes 4 to 6 most recent paystubs, SSI/Social Security letter, CalWorks/Food Stamp verification letter, child support, letter of family support (if receiving assistance from family member or friend), foster care payments, unemployment stubs, and pension/veteran verification letter.
- **Student Verification**: Class schedule and financial aid award letter.
- **Elderly/Disabled Only**: If you have out of pocket medical expenses, please provide receipts and/or cancelled checks of payments made for insurance, medication, dental expenses, and any other expenses.
- **Bank Statement**: Last current statement (all pages).
- **Change in Household Composition**: If you are requesting to add family members, please complete the **Request to Add Family Member Form**: All family members 18 years of age and older must sign in the appropriate spaces. Include California ID, Social Security Card, proof of birth, declaration of citizenship, & current Income verification for each new family member.
- **Change in Household Composition**: If you are requesting to remove a family member, you need to provide at least one of the following documents:
  - Rental/Lease agreement of the household member's new address.
  - Copy of at least one utility bill with the new address on it.
  - California Driver's License/Identification card with the new address.

**Please fill in for all household members and fill out completely. All blanks must be filled in or marked "not applicable." Please return request by E-mail to: [Customercare@sfha.org](mailto:Customercare@sfha.org), by Fax to (415) 820-1586, or by Mail to 1815 Egbert Avenue, San Francisco, CA 94124.**



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<b>Tenant Information</b>	
Name of Head of Household:	
Unit Address:	
City:	Zip:
Mailing Address (if different from above):	
Home Phone:	Cell Phone:
E-mail:	

<b>What has changed in your household? List all changes in income, assets, and/or expenses.</b>		
<b>Please list all persons who are or will be living in your home, beginning with the Head of Household.</b>		
Legal Name (as written on Social Security Card)	Social Security Number	Date of Birth
<b>Are you <u>adding</u> someone to your household?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, who?		
<b>Are you <u>removing</u> someone from your household?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, who?		



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**Medical Expenses (Elderly, Handicapped, or Disabled Families Only):**

**Has there been an increase or decrease in medical expense since your last re-exam?**

**Yes**                       **No**

*If yes, how has it changed?*

**Who in your household is employed? List each person and their employer's name and complete address.**

Household Member Name	Name and Complete Address of Employer	Monthly Amount

**Who in your household has or receives other income? List each person and the source of their income.**

Household Member Name	Where do they get money?	Monthly Amount

**Are there any other changes in income or who lives with you that you have not listed above?**

**Yes**                       **No**      *If yes, please include details on this form or a separate document.*

*Explanation:*



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**Childcare:**

Have your childcare costs changed?	If yes, by how much?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Who cares for your child?	Childcare Provider Phone:
Childcare Provider Address:	

**Additional Household Information:**

Have any household members ever:		
Been arrested for, charged with, or convicted of drug-related criminal activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been arrested for, charged with, or convicted of violent criminal activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been arrested for, charged with, or convicted of possession, manufacture, or distribution of a controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been arrested for, charged with, or convicted of any crime other than a minor traffic violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Used any name(s) or Social Security Numbers other than currently used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes to any of the above, please explain:</i>		

**Certification:** I do hereby swear and attest that all of the information above about me and my household is true and correct. I also understand that any changes in household members or income must be reported to the Housing Authority of the City and County of San Francisco in writing immediately. **WARNING! TITLE 18, SECTION 1001, OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

Signature of Head of Household:  
 Spouse/Other Adult Signature:  
 Other Adult Signature:

Date:  
 Date:  
 Date: