



San Francisco Housing Authority

Low Income Public Housing

Any individual with a disability or other medical need who needs accommodation with respect to this correspondence should inform the Department.

INTERIM CHECKLIST

Tenant Name:

Tenant Number:

Date:

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's income

In order to determine your continued assistance, you need to submit information about your household including income and family 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)- 4 to 6 most recent check stubs, 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:** Provide 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:
 1. Rental/Lease agreement of the household member's new address.
 2. Copy of at least one utility bill with the new address on it.
 3. California Driver's License/Identification card with the new address.



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INTERIM CHANGE REPORT

READ DIRECTIONS THOROUGHLY. Please print using an ink pen. Fill in for all household members. ALL BLANKS MUST BE FILLED IN OR MARKED "NOT APPLICABLE". This form **MUST be filled out **COMPLETELY** and returned to your Occupancy Specialist before any adjustment to your assistance can be made.**

Name of Head of Household:

Unit Address:

City:

Zip:

Mailing Address if Different from Above:

Phone Numbers: Home:

Message:

Email:

1) **What has changed in your household?** Please be specific and list all changes in household composition, income, assets, and/or expenses.

2) **Household Composition:** List all persons who are or will be living in your home, beginning with the Head of Household

Legal Name (Written on Social Security Card)	Social Security Number	Date of Birth
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Are you adding someone to your household?..... YES NO
If yes, who?

Has someone left your household?..... YES NO
If yes, who?

3) **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 have they changed?

Please complete Page Two. Before turning in, make sure both pages are complete and that all household adults have signed their forms.



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INTERIM CHANGE REPORT

4) **Income:**

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	Amount per month
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Who in your household has or gets **OTHER INCOME** (money)? List each person and where they get income (money):

Household Member Name	Where do they get money?	Amount per month
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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 piece of paper

Explanation:

5) **Childcare:**

Have your childcare costs changed?..... YES NO

If yes, how much?

Who cares for your child?

Phone:

Childcare Provider's Address:

6) **Household Information:** Mark your responses to the following questions:

Have any household members ever:

Been arrested for, charged with, or convicted of drug-related criminal activity?..... YES NO

Been arrested for, charged with, or convicted of violent criminal activity?..... YES NO

Been arrested for, charged with, or convicted of possession, manufacture, or distribution of a controlled substance?..... YES NO

Been arrested for, charged with, or convicted of any crime other than a minor traffic violation?..... YES NO

Used any name(s) or Social Security Numbers other than currently used?..... YES NO

If the answer to any of the above is "YES", please explain:

7) **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 Section 8 Housing Department 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

Date

Spouse/Other Adult Signature

Date

Other Adult Signature

Date