



Housing Authority of the City and County of San Francisco

Interim Reexamination Form

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 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, fax, or mail.



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

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

Date:

Spouse/Other Adult Signature:

Date:

Other Adult Signature:

Date:

Complete Form