



CURRENT SECTION 8 TENANTS ONLY
(Not Waiting List Applicants)
INTERIM CHANGE REQUEST FORM



HOUSING CHOICE VOUCHER PROGRAM (SECTION 8)

ANY CHANGE TO YOUR HOUSEHOLD AND/OR FINANCES MUST BE REPORTED

- A **completed** Interim Change Form must be submitted to us **within 14 days** of any change
 - A change usually requires the program client to provide additional verification: (see below)
 - **Changes will not be processed without a completed form and all required verification**
- This form may be downloaded from the Housing Website at www.FrederickCountyMD.gov/housing, or obtained in person at 401 Sagner Avenue, Frederick, MD 21701.

FC-DHCD WILL SEND A FOLLOW-UP NOTIFICATION / DIRECTIVE WHEN THIS CHANGE IS PROCESSED

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)?** **SEE SPECIFIC VERIFICATIONS AND ACTIONS NEEDED BELOW (#3)**
- | | | |
|-------------------------------|-------------------------------|---------------------------|
| _____ INCREASE IN INCOME * | _____ DECREASE IN INCOME * | * CHILD SUPPORT IS INCOME |
| _____ INCREASE IN FAMILY SIZE | _____ DECREASE IN FAMILY SIZE | |
| _____ CHILD CARE CHANGE | _____ CHILD SUPPORT CHANGE | |
| _____ OTHER: _____ | | |

2. **EXPLAIN THE CHANGE:** *(for example "hours at work increased", "had a baby", "child moved out"):*

3. **COMPLETE ACTION REQUIRED:** CLIENT RESPONSIBILITY TO PROVIDE VERIFICATIONS/REQUESTED INFORMATION

INCREASE IN INCOME: **FOR ANY INCOME CHG, YOU WILL NEED TO PROVIDE PAYSTUBS WITHIN THE NEXT 45 DAYS**

- **New Job:** Need official hiring statement including start date, wage & hour information.
- **Raise/Increase in hours:** provide details and paystubs
- **Other:** Attach copy of award letter or other verifying documentation.

DECREASE IN INCOME: **FOR ANY INCOME CHG, YOU WILL NEED TO PROVIDE PAYSTUBS WITHIN THE NEXT 45 DAYS**

- **Loss of Employment:** Provide original employer verification of end date of employment.
- **Decrease in pay / hours:** provide details and paystubs
- **Other:** Attach written documentation to verify change
- **If this change puts you at Zero Income:** You must complete notarized Zero Income Statement.

CHILD CARE CHANGE

- Provide name/address of provider, name of child/children in care, and the amount you pay.
- If you receive POC/ Work-care, you must indicate the amount you pay.

CHILD SUPPORT CHANGE: _____ INCREASED _____ DECREASED _____ PER COURT ORDER
CHG TO MONTHLY AMOUNT: FROM _____ TO: _____

- Provide court documents if applicable

INCREASE IN FAMILY SIZE:

*Adding a person to your household requires written approval from your landlord.
 FCDHCD Staff must see originals of Birth Certificates, Photo IDs and Social Security Cards*

INCREASE IN FAMILY SIZE: CHILDREN UNDER 18

- Provide birth certificate, adoption papers, and/or court awarded custody papers
- Provide social security card

INCREASE IN FAMILY SIZE: ANYONE 18 OR OVER (REQUESTING TO ADD AN ADULT TO HOUSEHOLD)

- Complete as above (for Children under 18) and,
- Request a New Person Packet
- No adult may reside in the unit without the written approvals of the unit owner and FCDHCD to be added to the household.
- The DCHD will contact you to make appointments necessary complete this process.

DECREASE IN FAMILY SIZE:

PLEASE ANSWER QUESTIONS BELOW. WE WILL NEED VERIFICATION THAT THE INDIVIDUAL IS RESIDING ELSEWHERE

- **Who** left? _____
- **When** did they stop living in your assisted unit? _____
- **Where** did they go? Provide New Address: _____

- Request a new pg.1 of the Affidavit For Rental Benefits & an Affidavit of Residency: these must be completed and returned within 14 days of this Interim Form.

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.

XXX – XX -

SIGNATURE OF PARTICIPANT

SOCIAL SECURITY #

FORM & ALL VERIFICATIONS MUST BE RETURNED TO:

Frederick County DHCD / Attn: HCV Program
 401 Sagner Avenue • Frederick, Maryland 21701 301-600-3504 • FAX 301-600-3585 • TTY Use Maryland Relay

We prefer you to submit in person- if you FAX or mail documents, please call to verify receipt.

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