

INTERIM CHANGE REQUEST PACKET

(For reporting changes between Annual Recertifications)

Resident's Name: _____

Property: _____

Unit Number: _____

Home Phone Number: _____

Cell Phone Number: _____

Email: _____

*Changes that are **REQUIRED** to be reported:*

Please indicate all changes you are reporting

- Adult member of the household was unemployed and now has employment
- Household's total income has increased more than \$200 per month
- Additional child added to the household
- Household member has moved out
- Requesting adult be added to the household-must have property manager approval prior to moving in

*Changes that **MAY** be reported:*

(these changes may lower your rent)

Please indicate all changes you are reporting

- Decrease in income (employment, Social Security, SSI, child support)
- Increase in child care expenses
- Increase in medical expenses (for households that are elderly or disabled)
- Head, Co-Head, or Spouse turned 62 years of age
- Head, Co-Head or Spouse became disabled

INSTRUCTIONS FOR REPORTING AN INTERIM CHANGE:

1. Please review and compare changes you are reporting to your most recent signed HUD 50059 and Income Calculation to see what rent is currently based on.
2. Sign and date the Interim Change Packet.
3. Complete the Interim Change Request Packet in full.
4. Attach the requested documents. If you do not have all of the required documents, submit the Interim Change Packet without the documents. You will be given the opportunity to submit them later.
5. Return the Interim Change Packet and any documents you have. You will then get a receipt within 7 days.

Important Notes:

- *Interim Change Request Packet must be submitted within 30 days of the change.*
- *You will receive an Interim Process Receipt after you submit the Interim Change Request Packet.*
- *Your changes will be verified and your rent amount will be calculated.*
- *You will be notified of your new rent amount.*
- *You have 7 days to sign the certification form or contact us with your questions and concerns if you think the rent amount isn't accurate.*
- *If you don't sign the certification form or contact us with your questions and concerns, we are required by HUD to terminate your assistance.*
- *Your new rent amount will be effective after the certification form is signed.*

For office use only

- Change is less than \$200 per month/\$2400 per year. No Interim Certification required.
- Household income will be restored within 30 days. No Interim Certification required.
- Household pays basic rent. Rent cannot be decreased. No Interim Certification required.
- Household pays market rent. Rent cannot be increased. No Interim Certification required.
- Household has a voucher. Rent amount is determined by local HRA. No Interim Certification required.

Section 1: CHANGES IN INCOME

Do you or any member of the household, including minor children, have changes in **income** from the following sources? Indicate the income sources that have changed for all household members.

Employment CHANGE NO CHANGE

Household Member: _____
 Employer: _____
 Address: _____

- New Employment
- Employment Ended
- Increase Hours/Wages
- Decrease Hours/Wages

Household Member: _____
 Employer: _____
 Address: _____

- New Employment
- Employment Ended
- Increase Hours/Wages
- Decrease Hours/Wages

Self-Employment (Newspaper delivery, taxi driver, at home party sales, babysitting, cleaning, etc)..... CHANGE NO CHANGE

Cash from the County (Cash Benefits only; do not include food or medical support) CHANGE NO CHANGE

Contact Person: _____
 Address & Phone Number: _____

Alimony or Child Support (include if it is court ordered even if it is not being received) CHANGE NO CHANGE
IF CHANGED, INCLUDE A PRINTOUT OF THE SUPPORT PAYMENTS RECEIVED IN THE PAST 12 MONTHS

Social Security or SSI Benefits (including Soc Sec income from children) CHANGE NO CHANGE
IF CHANGED, INCLUDE A COPY OF YOUR BENEFIT AWARD LETTER LESS THAN 120 DAYS OLD

Regular contributions from persons outside the household (including rent, utilities, groceries, etc.).....CHANGE NO CHANGE

Contact Person: _____
 Address & Phone Number: _____

Unemployment benefits or Severance pay CHANGE NO CHANGE
IF CHANGED, INCLUDE A COPY OF YOUR BENEFIT PAYMENT HISTORY LESS THAN 120 DAYS OLD

Student Financial Aid in excess of tuition CHANGE NO CHANGE
 Name of Household Member attending school: _____
 Name of School: _____

Worker's Compensation CHANGE NO CHANGE
IF CHANGED, INCLUDE A COPY OF THE LETTER YOU HAVE RECEIVED REGARDING THIS

Military pay or Veteran's Administration Benefits CHANGE NO CHANGE
IF CHANGED, INCLUDE A COPY OF THE PREVIOUS 4 TO 6 PAYSTUBS OR CURRENT AWARD LETTER

Change in asset income (annuity, trust, insurance policy, lump sum, inheritance) CHANGE NO CHANGE
 Explain : _____

Any other source not listed above (specify)_____ CHANGE NO CHANGE



Section 2: CHANGES IN HOUSEHOLD COMPOSITION

Indicate ALL the changes in your household composition.

Adding a household member CHANGE NO CHANGE

Name of household member to be added: _____

- *If the person to be added is 18 or older, an Application for Occupancy will need to be completed.*
- *If the person to be added is under the age of 18, additional documentation is required. This includes a copy of his/her Social Security card, copy of birth certificate, completed Race & Ethnic Data form and completed Citizenship Declaration Form.*

Removing a household member.. CHANGE NO CHANGE

Name of household member to be removed: _____

- *Adult household member that is to be removed must sign a Release from Lease form.*

Section 3: CHANGES IN EXPENSES

Indicate ALL the changes in your household expenses.

Child care expenses for the household?..... CHANGE NO CHANGE

Name of Child Care Provider: _____

Address of Child Care Provider: _____

Phone number of Child Care Provider: _____

Out-of-pocket medical expenses? CHANGE NO CHANGE

- *Medical Expenses can only be counted for households where the Head, CoHead, or Spouse is over the age of 62 or has a disability. If medical expenses are used to decrease a rent amount, they cannot be used again when the resident completes their annual certification.*

Medical Provider's Contact Information: (name and address): _____

Section 4: OTHER CHANGES

Legal change in name CHANGE NO CHANGE

Full Name before the change: _____

Full Name after the change: _____

- *Documentation that the name has been legally changed must be provided. For example, an updated Social Security card, a divorce decree, etc.*

Adult household member enrolled as a student CHANGE NO CHANGE

Name of School: _____

School Contact Info: _____

Change in immigration status? CHANGE NO CHANGE

Household member with change: _____

- *Documentation corresponding with change must be provided.*

Any other changes? Please explain in detail.



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CERTIFIED STATEMENT

GIVING TRUE & COMPLETE INFORMATION: I/We certify that all the information provided on eligibility, household information, income, assets and deductions is accurate and complete to the best of my/our knowledge.

REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION: I/We know I/we am/are required to report any changes immediately in income, assets or any change in household size. I/We understand the rules regarding guests/visitors and when I/we must report anyone who is staying with me/us.

COOPERATION: I/We know I/we am/are required to cooperate in supplying all information needed to determine my/our eligibility, level of benefits, or verify my/our true circumstances. Cooperating includes attending pre-scheduled meetings and by completing and signing forms and supplying request documentation. I/We understand failure or refusal to do so may result in delays, termination of housing assistance, or eviction.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION: I/we understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy and is punishable under Federal or State criminal law.

AUTHORIZATION FOR RELEASE OF INFORMATION

I/We have read and understand the Interim Change Request Packet. The information obtained will only be used for determining eligibility and will be kept confidential and not released outside of this scope.

I/We authorize the owner or management company to verify all of my/our income, assets, school statuses, and medical expense information that are necessary for the recertification process. I/We understand and agree that photocopies of this authorization may be used for the purposes stated above.

SIGNATURES OF ALL ADULT HOUSEHOLD MEMBERS ARE REQUIRED BELOW:

Head of Household Signature

Date

Co-Head/Spouse Signature

Date

This authorization for release of information will expire thirteen (13) months from the date of signature.

Lloyd Management does not discriminate on the basis of disability status in the admissions or access to, or treatment of employment in, its federally assisted programs and activities.

