JACKSON COUNTY HOUSING AUTHORITY
P.O. Box 1209 • 300 North Seventh Street • Murphysboro IL 62966 • 618-684-3183 • Fax 618-684-3222
www.jacksoncountyhousingauthority.org

INTERIM CHANGE FORM

PLEASE COMPLETE THE ENTIRE FORM (FRONT AND BACK)

Tenant's Printed Name: _____

Email: _____ **Phone #:** _____ **Alt. Phone #:** _____

It is your responsibility to report all changes in family size and income to the Housing Authority, in writing, within 10 days of the date the change occurred.

Income

What is the reason for your change, please check all that apply:
☐ New Job ☐ Loss of Job ☐ Increase in pay ☐ Decrease in Pay
☐ SSI/Social Security ☐ Unemployment ☐ Child Support ☐ Other: explain below

I have provided the following documentation for my change, please check all that apply:
☐ All paystubs in the last 30 days
☐ SS/SSI benefit Letter
☐ Letter from person contributing financially to your household
☐ Other: _____
☐ I have not yet provided documentation – *I understand that documentation is required for the rent change review.*

Current/New Employer: _____
Address: _____
Phone: _____ Fax: _____
Start Date: _____ Hourly Rate: $ _____ Hours per Week: _____

Former Employer: _____
Address: _____
Phone: _____ Fax: _____
Last Date of Pay: _____ Reason for Leaving: _____
_____

☐ **SSI/Social Security** ☐ **Unemployment** ☐ **Child Support**
Start Date: _____ End Date: _____ Amount: $_____
Frequency of payments: ☐ Weekly ☐ Bi-weekly ☐ Monthly

Other Changes in Income: _____
_____
_____

Household

Have there been any changes in your household composition or family size?
☐ Yes ☐ No

If yes, explain: _____
_____
_____
_____
_____

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Childcare	**What is the reason for your change, please check all that apply:** ☐ New childcare provider ☐ No longer have childcare ☐ Increase in fees ☐ Decrease in fees
	I have provided the following documentation for my change, please check all that apply: ☐ Form/letter from childcare provider showing current payment amount and frequency ☐ Form/letter from childcare provider showing current copay amount and frequency ☐ Receipts of payment(s) for the last 60 days ☐ I have not yet provided documentation – *I understand that documentation is required for the rent change review.*
	Childcare provider: _____ Address: _____ Phone: _____ Amount you pay: $_____ Frequency of payments: ☐ Weekly ☐ Bi-weekly ☐ Monthly

Medical **(For elderly and disabled only)**	**I have medical expenses that exceed 30% of my income. Those expenses include:** ☐ prescription medications ☐ equipment ☐ transportation costs to medical appointments ☐ co-pays ☐ medical bills ☐ other: _____
	I have provided the following documentation for my change, please check all that apply: ☐ 6 month print out of prescriptions from pharmacy or doctors office ☐ copy of medical bills ☐ copy of receipts ☐ other: _____ ☐ I have not yet provided documentation – *I understand that documentation is required for the rent change review.*

WARNING: Section 1001 of Title XVII of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

I certify that the above information is correct and I understand that any misrepresentation will be grounds for denial or termination with the program.

_____ _____

TENANT SIGNATURE DATE

JCHA EMPLOYEE

Sign that you have received this form and the documentation specified above, unless otherwise noted. Make a copy of this signed form for the Tenant.

_____ _____

EMPLOYEE SIGNATURE DATE