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:**<br>☐ New childcare provider ☐ No longer have childcare<br>☐ Increase in fees ☐ Decrease in fees |
| | **I have provided the following documentation for my change, please check all that apply:**<br>☐ Form/letter from childcare provider showing current payment amount and frequency<br>☐ Form/letter from childcare provider showing current copay amount and frequency<br>☐ Receipts of payment(s) for the last 60 days<br>☐ I have not yet provided documentation – *I understand that documentation is required for the rent change review.* |
| | Childcare provider: _____<br>Address: _____<br>Phone: _____ Amount you pay: $_____<br>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:**<br>☐ prescription medications ☐ equipment ☐ transportation costs to medical appointments ☐ co-pays ☐ medical bills<br>☐ other: _____ |
| | **I have provided the following documentation for my change, please check all that apply:**<br>☐ 6 month print out of prescriptions from pharmacy or doctors office<br>☐ copy of medical bills<br>☐ copy of receipts<br>☐ other: _____<br>☐ 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

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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