

Boley Centers, Inc.
445 31st Street North
St. Petersburg, FL 33713
Phone: (727)-821-4819 Fax: (727) 490-0541

Interim Change Form

Boley Centers Housing Program (BCHP) will process an interim recertification for certain changes in family composition or income. As a Section 8 participant, it is your responsibility to report all changes in family size and income to the Boley Centers, Inc. in writing, within ten (10) days of the date the change occurred, according to your Housing Voucher and the BCHP Family Responsibilities Requirements. Failure to do so could result in the termination of your housing assistance. If the information has not been reported timely, an overpayment may have occurred and you may be required to reimburse BCHP.

Please print and complete the entire form (*front and back*):

Client Name

Social Security Number

Unit Address

Phone Number

Email Address

Check the box that applies to your Interim Change

Please select the option below that best identifies the type of change you are reporting. In addition, please complete the section on the other side of this form that corresponds to the option you have selected below.

I. Income

INCOME INCREASE If you are reporting an increase in income, you must supply the following as applicable:

- Paystubs from the new employer or letter from employer listing anticipated start date, as well as pay rate and frequency of pay (i.e. daily, monthly, weekly.)
- Verification of new or increased Social Security or other benefit awards.
- Verification of new or increased pension or other income increases.

INCOME DECREASE If you are reporting a decrease in income, you must supply the following as applicable:

- Separation notice from former employer for income decrease.
- Evidence of decrease or denial of Social Security or other benefit awards.
- Status of unemployment application.
- Evidence of decrease or denial of pension or other income.

Type of Increase/decrease:

- New job Loss of job More hours Less Hours Increase/decrease in pay
 SSI/Social Security Unemployment Child Support

If employment related:

New employer: _____ Phone: _____

Address: _____

Start date: _____ Rate of pay: \$ _____ (*hourly*) Hours per week: _____

Former employer: _____ Phone: _____

Address: _____

Last Date of Work: _____ Reason for Leaving: _____

Other changes in family income (explain):

If you are reporting no income then you will need to also complete the Zero Income Questionnaire and Affidavit.

II. Family Composition

FAMILY COMPOSITION INCREASE If you are reporting/requesting an increase in family composition, you must supply the following:

- Landlord approval letter.
- Consent to Obtain Criminal Background records form.
- Income information of new family member.
- Court issued custody documents or notarized affidavit granting custody
- Authorization for the Release for Information/Privacy Act Notice form HUD 9886 for any person 16 or older being added to the household

FAMILY COMPOSITION DECREASE If you are reporting a decrease in family composition, the head of household must provide at least one of the following:

- A completed Out of Household Declaration form, utility bill with new address, USPS change of address request form, or state issued photo ID with new address; or
- Head of Household certification that the family member is no longer a part of the assisted household

List family member(s) you are adding or removing:

Name:	Soc. Sec. Number:	Sex:	Race:	Ethnicity:	Disabled?
Relationship to Head of Household:	Birth Date:	Expected Move In/Out Date:		Live-In Aide?	
Name:	Soc. Sec. Number:	Sex:	Race:	Ethnicity:	Disabled?
Relationship to Head of Household:	Birth Date:	Expected Move In/Out Date:		Live-In Aide?	

If you are removing a family member please indicate why: _____

BCHP and the landlord must approve all additions to your household PRIOR to them moving in. You must also provide BCHP with an Identification and Social Security card and if applicable a birth certificate (if 17 and under) before they will be added to your household. New additions may be required to pass a background check as well.

III. Certification

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that any misrepresentation will be grounds for denial or termination from the BCHP.

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.

Participant Signature

Date