



1935 North Meridian Street
 Indianapolis, IN 46202
 Phone: (317) 261-7200 Fax: (317) 261-7265

30 DAY CHANGE FORM

REQUESTING A CHANGE IN HOUSEHOLD INCOME AND/OR FAMILY COMPOSITION

Failure to complete this form and submit all required mandatory verification and/or documentation will result in your interim request being delayed and/or canceled.

IHA requires program applicants/participants to report interim changes within thirty (30) calendar days of when the change occurs in writing. Failure to comply with this requirement may result in termination of housing assistance and/or retroactive rent charges. Also, IHA is unable to accept any change in household income requests, if the income change will not last at least thirty (30) days.

1. WHAT TYPE OF CHANGE (CHECK)? SEE SPECIFIC MANDATORY VERIFICATIONS NEEDED BELOW (#3) PLEASE CHECK WHAT APPLIES.

- | | | |
|--|--|---|
| <input type="checkbox"/> INCREASE IN INCOME * | <input type="checkbox"/> DECREASE IN INCOME * | <input type="checkbox"/> LOSS OF INCOME |
| <input type="checkbox"/> INCREASE IN FAMILY SIZE | <input type="checkbox"/> DECREASE IN FAMILY SIZE | |
| <input type="checkbox"/> CHILD CARE CHANGE | <input type="checkbox"/> CHILD SUPPORT | |

OTHER: _____

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

3. SPECIFIC MANDATORY VERIFICATIONS REQUIRED: All documents provided must be dated within the last 60 days

MANDATORY VERIFICATION, IF REPORTING A CHANGE IN EARNED (EMPLOYMENT) INCOME:

- Increased or decreased household earned income (hours, wage or employer), attach the following:
 - o 4 consecutive paycheck stubs (only if new employer, increased or decreased employment income), or
 - o Letter on employer's letterhead listing start end date, hours worked, rate and frequency of pay.
- Employment Termination/Separation (*pay check stubs are not an acceptable form of verification*)
 - o Letter on employers letterhead indicating date of termination/separation, and anticipated return date, if applicable

Name of Employer: _____ Phone Number: _____

Address of Employer: _____ Fax Number: _____

MANDATORY VERIFICATION, IF REPORTING A CHANGE IN UNEARNED INCOME:

- Most recent award letter from:
 - o TANF
 - o Social Security Administration (SS/SSI benefits)
 - o State Unemployment Compensation Benefits
 - o Worker's Compensation Benefit Statement
 - o Current Pension Benefit Statement (i.e. Retirement, Veteran's Administration etc.)
 - o Child support court order or 12-month child support payment print-out
 - o General contributions statement (must be signed by contributor)



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MANDATORY VERIFICATION, IF REPORTING A CHANGE IN EXPENSES

- Verification of expenses
 - o Letter from child care provider which include the following; provider name, address, telephone number, weekly rate for care
 - o Verification of anticipated ongoing medical expenses (**does not include previous bills**)

HOUSEHOLD COMPOSITION (Please check appropriate box and explain your change below)
IHA will only add a family member as a result of birth, adoption, or court-awarded custody.

First Name	Last Name	Date of Birth	Social Security #	Race	Move in Date

INCREASE IN FAMILY SIZE (adding a family member): CHILDREN UNDER 18 must provide the following:

- Provide adoption papers, and/or court awarded custody papers
- Provide social security card
- Declaration 214 form (HUD Form)

EXPLAIN THE CHANGE: _____

DECREASE IN FAMILY SIZE (removing a family member):

PLEASE ANSWER QUESTIONS BELOW. IHA NEEDS VERIFICATION THAT THE INDIVIDUAL IS RESIDING ELSEWHERE

Who moved out of the unit? _____

When did they move out of the unit? _____

Where did they go? *Provide New Address* _____

Must attach documentation showing the person lives elsewhere: signed lease, utility/other bills, mail, post office completed change of address, school enrollment papers, pay stubs, court papers or documentation from other sources dated within last 60 days. **Once an adult family member has been removed they will no longer be allowed to be added back to the household or assistance.**



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CERTIFICATION OF PARTICIPATION AND RELEASE OF INFORMATION

I certify by my signature that all the information I have reported herein is true and completed. I have read and understand this interim change and my responsibility.

1. ALL changes in income for all household members must be reported in writing within thirty (30) days of the change
2. ALL changes **NOT** reported within the thirty (30) day reporting period **WILL NOT** receive a 30 day notice in the event of an increase.
3. The Voucher Holder is responsible for the current rent until all changes are processed. Voucher Holder will be notified by mail when change is completed.

HEAD OF HOUSEHOLD NAME: _____

HOUSEHOLD MEMBER INVOLVED/AFFECTED: _____

UNIT ADDRESS: _____

CURRENT PHONE #: _____

I, _____ do authorize any agencies, offices, groups, school, organization or business firm to release to the Indianapolis Housing Agency any information or materials which are deemed necessary to complete my application for participation and/or to maintain continued eligibility in any housing program. I understand and agree that this authorization of the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I understand and agree that HUD or the Indianapolis Housing Agency may conduct computer-matching programs to verify the information supplied for my application or certifications. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies' Department of Defense, Office of Personnel Management; the U.S. Postal Department; Social Security Agency, and State welfare and food stamp agencies.

This Authorization shall continue from the date of signature and such time the Indianapolis Housing Agency is notified in writing that the authorization is cancelled. I agree that a photocopy of this authorization may be used for the purpose stated above.

Signature of Head of Household: _____ **Date:** _____

SSN: _____

Signature of Other Adult Household Member: _____ **Date:** _____

SSN: _____

Reasonable Accommodation: If you, or any household member, have a disability that could prevent your full access to or utilization of IHA's Housing Choice Voucher Program and its related services, you have the right to request a reasonable accommodation. A reasonable accommodation may include a modification of a rule, policy, procedure or service that will assist an otherwise eligible disabled applicant or resident to make effect use of its programs. If you believe you require a Reasonable Accommodation, please contact your Housing Specialist. or complete the Reasonable Accommodation Request form.