

Dear Housing Voucher Program Participant:

We are committed to processing your Interim **Change in Family Income** request in a timely manner. However, all of the required documentation to support the change must be submitted with the request.

It is your responsibility to continue to pay your portion of the rent until the interim change is effective.

If you are approved for a change of income, a rent change notification letter will be mailed to you and to the landlord. If your request has been denied, a denial letter will be mailed to you within 30 days.

Sincerely,

Camden County Senate Bill 40 Board



Request for Change in Family Income/Expenses

Name of Head of Household _____ Date _____

Consumer ID # _____ Relationship to Consumer _____

Phone _____ E-mail Address _____

Is this a request for a family member that is not the Head of Household? YES or NO

If yes please list the name of the family member: _____

Employment Changes	Other Household Income/Expenses Changes																														
<p><input type="checkbox"/> Loss of Employment Start Date _____ End Date _____</p> <p><input type="checkbox"/> Began Employment Start Date _____ ***Please have your employer complete an Employment Verification Form</p> <p><input type="checkbox"/> Changed Jobs Start Date _____</p> <p><input type="checkbox"/> Wages Decrease <input type="checkbox"/> Hours Decrease What date did the decrease begin? _____</p> <p>Please briefly explain:</p>	<table border="0"> <thead> <tr> <th></th> <th>Stopped</th> <th>Began</th> <th>Increase</th> <th>Decrease</th> </tr> </thead> <tbody> <tr> <td>Unemployment</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SS/SSI</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other Income</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Child Care</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other Expenses</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p><i>If other income or expense, please briefly explain:</i></p>		Stopped	Began	Increase	Decrease	Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SS/SSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Assets Changes	Additional Information																														
<p>Start Date for Change _____</p> <p><input type="checkbox"/> Annuity/Trust <input type="checkbox"/> Other</p> <p><i>If other, please briefly explain:</i></p>	<p><i>CASE MANAGER NOTES:</i></p>																														

Guardian/Head of Household Signature

Date



Housing Voucher Program

DECLARATIONS

(Please Print)

Head of Household's Name: _____

I would like to declare the following (please state reason for change):

Date

Guardian/Head of Household Signature

