



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

Dear Tenant:

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.

PLEASE COMPLETE THE ENTIRE FORM (FRONT AND BACK)

Printed Name: _____

Phone #: _____ Alt. Phone #: _____

INCOME (Please check a box and explain your change below)

- New Job Loss of Job Increase/Decrease in Pay SSI/Social Security
 Unemployment Child Support

Current/New employer: _____ Phone: _____

Address: _____

Fax Number: _____ Start date: _____

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

Former employer: _____ Phone: _____

Address: _____

Fax Number: _____ Last date of PAY: _____

Other changes in family income (explain):

CHILDCARE (Please check a box below and explain your change on the next page)

- New childcare provider No longer have childcare Increase/Decrease in fees

Childcare provider: _____ Phone: _____
Address: _____
Amount you pay: _____ Do you pay: Weekly Bi-weekly Monthly

Have there been any changes in your household composition or family size?

Yes No

Explain any changes: _____

DID YOU BRING DOCUMENTATION TO SUPPORT YOUR CHANGES?

I HAVE PROVIDED THE FOLLOWING DOCUMENTATION OF THESE CHANGES:

Pay stubs (last 30 days)

SS/SSI benefit letter

Letter from someone contributing financially to your household

Other: _____

I HAVE NOT YET PROVIDED DOCUMENTATION.

I understand that no change will take place until I provide the required documentation.

Tenant's Initials: _____

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 JCHA Public Housing 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