



Housing Authority of the County Of Jackson, Illinois

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Murphysboro, Illinois 62966
618-684-3102
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INTERIM CHANGE FORM

Dear Tenant:

The following information is needed ONLY if there has been a change in your income or family composition. **It is your responsibility to report all changes in family size and income to the Housing Authority, in writing, within 30 days of the date the change occurred.** Failure to do so could result in the termination of your Section 8 assistance. If the information has not been reported in a timely manner, an overpayment may have occurred and you may be required to reimburse the Housing Authority.

PLEASE COMPLETE THE ENTIRE FORM (FRONT AND BACK)

Printed Name: _____ Phone #: _____

Please check the box that applies to your Interim Change

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

- New Job Loss of Job More Hours Less Hours
 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: _____

Reason for leaving: _____

Other changes in family income (explain):

IF YOU ARE REPORTING ZERO INCOME, YOU MUST COMPLETE THE NO INCOME STATEMENT AND WORKSHEET.

Please request these forms from the Section 8 department.

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

HOUSEHOLD COMPOSITION (Please check a box and explain your change below)

Add Member Remove Member

Name	Relationship	Sex	Age	Social Security Number	Birthdate

If you are removing a family member, please indicate the reason why:

JCHA and your landlord must approve all additions to your household PRIOR to them moving in.
 You must also provide JCHA with Social Security card, Birth Certificate, and Photo ID (if 18+) before they will be added to your household.

I HAVE PROVIDED THE FOLLOWING DOCUMENTATION OF THESE CHANGES:

INCOME

- Pay stubs (last 30 days)
- SS/SSI benefit letter
- Letter from someone contributing financially to your household

CHILD CARE

- Child care sheet
- Receipt from provider

HOUSEHOLD

- Birth Certificate
- Social Security Card
- Photo ID

Other: _____

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 Section 8 Housing Choice Voucher Program.

 TENANT SIGNATURE

 DATE

SECTION 8 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