

# Montgomery County Housing Authority

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Conroe, Texas 77301  
(936) 539-4984 Telephone  
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## Housing Choice Voucher Interim Change Form

Dear Participant:

The following information is needed only if there has been a change in your address, family composition, income, current housing or living arrangements. It is your responsibility to report all changes in family composition and income to MCHA, in writing within ten (10) days of the date the change occurred. Failure to do so may result in the termination of your housing assistance. If any overpayments are made on your behalf, because a change was not reported in a timely manner, you will be required to reimburse MCHA.

Please PRINT and complete all pages of the form.

Head of Household Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Check the box that applies to your interim change:

### **Family Composition**

My family composition has changed:

- I would like to add an individual to my household composition
- I am removing a household member

My new family composition is as follows:

Name	Relationship	Sex	Age	SSN	DOB

**Adding a person to your household:** If you are requesting to add an individual to your household composition, we will need the following information prior to approving the person to reside in the assisted unit. If it is an adult, 18 years of age and over: Completed Add to Household form, Photo ID, birth certificate, Social Security card, Citizenship Declaration, Authorization for Release of Information, background report. A criminal and sex offender background screening will be completed. The individual may not reside in the assisted unit while pending approval. Allowing them to do so may result in the termination of your assistance.

**If it is a minor child, 17 years of age and under:** Completed Add to Household form, Birth certificate, Social Security card, Citizenship Declaration. If the child is being adopted, is in your foster care or if you have been granted legal guardianship, you must provide legal documentation. MCHA cannot add a minor unless it is your child, or you have custody documentation.

If you are removing a family member from your household: Please provide the completed Remove from Household form, their name, phone number, your updated lease showing they have been removed and documentation of their new address (their new lease, address update from USPS).

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**Income**

My family income has changed due to:

- Termination of Employment      Effective Date \_\_\_\_\_
- New Employment                      Effective Date \_\_\_\_\_
- Social Security                       Increase     Decrease    New Amount \$ \_\_\_\_\_
- SSI                                         Increase     Decrease    New Amount \$ \_\_\_\_\_
- TANF                                       Increase     Decrease    New Amount \$ \_\_\_\_\_
- SNAP / Food Stamps                 Increase     Decrease    New Amount \$ \_\_\_\_\_

*You must submit supporting documentation. For new employment please provide a completed Employment Verification form and your 4 most recent check stubs. For end of employment, please provide a completed Termination Verification form. For Social Security/SSI/VA, TANF or SNAP please provide your updated award letter.*

**To report a change of income with your current employer, please provide:**

Employer \_\_\_\_\_ Effective Date \_\_\_\_\_

Amount of Increase: \$ \_\_\_\_\_ Hr/Wk/Mo/Yr      Amount of Decrease: \$ \_\_\_\_\_ Hr/Wk/Mo/Yr

Comments: \_\_\_\_\_

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**New Employer** \_\_\_\_\_ Phone \_\_\_\_\_

Weekly Hours \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Pay Schedule (circle one): Weekly / Biweekly / Semimonthly / Monthly

**Former Employer** \_\_\_\_\_ Phone \_\_\_\_\_

Last day of employment \_\_\_\_\_

Other change in family income. Please explain: \_\_\_\_\_

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## Zero Income

I am claiming zero income.

Zero income is defined as having no source of financial assistance. If you receive any financial contributions, you are not considered as having zero income. In this case, you would need to submit a notarized letter from the person providing the assistance, including their contact information, the amount of assistance they provide and how often.

*If you are reporting zero income, you must also complete a Zero Income Certification form. Please request this form from your case worker. The Department of Housing and Urban Development has determined that it is not possible for an individual to live on zero income for an extended period. As a result, you will be required to submit a status update every 60 days at which time you will need to complete a new Zero Income Certification form and submit along with your 4 most recent bank statements, if still claiming zero income.*

## Childcare

- Increased  
 Decreased

My childcare has changed. My new childcare information is as follows:

Childcare Provider \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ How often (circle one): Weekly / Biweekly / Monthly

*You must submit a childcare expense form, completed by you and the childcare provider.*

I hereby make oath and swear and attest under penalty of perjury, that I have read the foregoing Interim Change Form and that all of the above facts and statements are true and correct. I understand that any misrepresentation or false information will be grounds for termination from the Housing Choice Voucher Program.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

Do not write below this line

For MCHA Use Only

Received by:

\_\_\_\_\_  
MCHA Representative

\_\_\_\_\_  
Date