Montgomery County Housing Authority

1500 N. Frazier Suite 101
Conroe, Texas 77301
(936) 539-4984 Telephone
(936) 539-4758 Fax

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. The housing authority will notify you and your landlord in writing of the approval or denial of the addition. 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 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, income and asset documentation. A criminal and sex offender background screening will be completed.

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).

_____

_____

_____

Income

My family income has changed due to:

☐ Termination of Employment - Effective Date _____

☐ New Employment - Effective Date _____

☐ Unemployment Benefits	☐ Increase	☐ Decrease	New Amount $ _____
☐ Social Security	☐ Increase	☐ Decrease	New Amount $ _____
☐ SSI	☐ Increase	☐ Decrease	New Amount $ _____
☐ Child Support	☐ 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: _____

_____

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: _____

_____

_____

_____

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

WARNING: Section 1001 of Title XVII of the United States Code makes it a criminal offense to make willful false statements or representations to any department or agency of the United States as to any matter within its jurisdiction.