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# THE HOUSING AUTHORITY OF PRINCE GEORGE'S COUNTY



JACK B. JOHNSON  
County Executive

## INTERIM CHANGE APPLICATION

This application **must** be completed to report any change in your family's income or household composition prior to your annual re-certification appointment. This form must be accompanied by any supporting documentation to verify the nature of the change. Additionally, every adult (18yrs old or older) household member must sign and date this application. Once all of the necessary information is received by your Rental Specialist, processing will be done within 30 days. **Failure to properly complete this application AND provide supporting documentation will result in a delay in processing.**

### **To report a change in income, submit the completed application along with the following documentation (if applicable):**

- Letter from your employer on company letterhead indicating a change in employment status (termination, decrease/increase in work hours or salary)
- Letter from your new employer on company letterhead indicating a start date, job title, and salary
- 2-4 most current consecutive pay stubs
- Verification of benefits from the Department of Social Services –Please note: There will be no reduction in rent for loss of welfare benefits due to your failure to comply with specific program requirements.
- Verification of benefits and/or payment history from the Department of Child Support Enforcement indicating approval, loss, or modification in child support payments
- Letter from childcare provider on business letterhead indicating the provider's name, address, phone number, child(ren)'s name in his/her care, and weekly amount paid by family. Private providers must have letter notarized.
- Verification of benefits from the Social Security Administration, Unemployment Office, Department of Veteran Affairs, and/or Pension Plan indicating approval, loss, or medication in benefits

### **To remove a person from the household, submit the completed application along with the following:**

- Notarized letter from the head of household requesting the removal of the family member
- Verification of the family member's forwarding address (ex: copy of new lease, copy of major utility bill, current driver's license, change of address card)

### **To add a new member to the household, submit the completed application along with the following:**

- Notarized letter from the head of household requesting to add the family member
- Birth record, social security card, and picture ID (for adults)
- Copy of marriage certificate or signed order of legal custody/guardianship (if applicable)
- Completed Request for Background Information form (for adults)
- Verification of income, ex: 2-4 pay stubs (for adults)

*PLEASE INDICATE THE CHANGE(S) BEING REPORTED*

*Income Increase* \_\_\_\_\_  
*Family Addition* \_\_\_\_\_  
*Employer Change* \_\_\_\_\_

*Income Decrease* \_\_\_\_\_  
*Family Deletion* \_\_\_\_\_  
*Other change* \_\_\_\_\_

\_\_\_\_\_  
 Name of Head of Household

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City, State, Zip code

\_\_\_\_\_  
 Home Phone Number

\_\_\_\_\_  
 Alternate Contact Number

**Fill in the following blanks for each family member reporting a change in employment.  
 If none, initial here \_\_\_\_\_**

Family Member	Employer Name/Address	Dates Worked	Salary
1.			
2.			

**Fill in the following blanks for each family member & check the appropriate box to report a change in income source. If none, initial here \_\_\_\_\_**

- TCA
- Child Support
- Social Security
- Unemployment
- Veteran Affairs/Pension

Family Member	Source of Income	Amount
1.		
2.		

**Fill in the following blanks for any changes in childcare expenses.  
 If none, initial here \_\_\_\_\_**

Child's Name	Provider Name/Address	Date(s)	Weekly Cost
1.			
2.			

Comments:

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Failure to properly complete this application AND provide supporting documentation will delay processing.

I/We certify that the information given to the Department of Housing is true and correct. I/We understand that giving fraudulent information is grounds for termination of housing assistance. I/We also understand that giving fraudulent information may be grounds for punishment under state and federal laws.

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

\_\_\_\_\_  
Signature of Spouse                      Date

\_\_\_\_\_  
Signature of Other Adult              Date

\_\_\_\_\_  
Signature of Other Adult              Date

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.