

PLEASE READ THIS CAREFULLY BEFORE SUBMITTING YOUR REQUEST

To All Section 8 Participants:

In order to protect your privacy and assist us with the daily operations of our office, the policies listed below **MUST BE FOLLOWED**:

-For changes in your Income and/or household composition **you must complete the attached yellow Interim Change Request form**. This form must be accompanied with the proper written verification, please refer to the instructions on the next page. **Requests will be considered incomplete** if the verifications are not submitted at the time the form is turned in. The forms are available for you to pick up outside of our office door. PLEASE NOTE: Changes must be reported within TWO (2) weeks of the change. Failure to do so may result in re-payment of rent overpaid on your behalf or termination of assistance.

-No verbal reporting of income changes will be accepted and **changes will not be made by our office staff without the yellow Interim Change Request form and the proper documentation**. If you are unable to make copies of your verifications, please note that on the request form and we will make copies and mail you the originals. Once again, requests will be considered incomplete if verifications are not submitted along with the form, **which means the change will not be processed**.

-Any documentation that is dropped off in the mail box **MUST** be in a sealed envelope with your Case Worker's name on it. You may also email all of your completed information; my email address is gfev@phillipsburgnj.org.

-Requests for copies of documentation such as your leases or proof of your rental portion must be made by completing a Request for Copy of Lease/Information form. Once we receive your request, your lease/documentation will be mailed to you within five (5) business days. No verbal requests or drop-in requests will be accepted.

-If you need to make a payment to our office, please do so Monday through Thursday between the hours of 9:00 a.m. and 2:00 p.m.

-If you have other matters to discuss with our staff, please call to make an appointment. Otherwise there is a possibility you may not be seen.

-Our office hours are Monday through Friday 8:00 a.m. to 4:30 p.m. **FRIDAYS WE ARE CLOSED** for In-service and no one will be seen without an appointment.

Thank you for your anticipated cooperation.

Sincerely,
Gina Fey, Section 8 Coordinator
Phillipsburg Section 8 Housing Program

Phillipsburg DCD, Section 8 Housing Choice Voucher Program, 120 Filmore Street, Phillipsburg, NJ 08865
Phone: (908) 454-5500, 342 or 343, Fax: (908) 454-1467



INTERIM CHANGE REQUEST FORM INSTRUCTIONS:

In order to request an interim adjustment to your rent **portion you must complete the attached form and return it with proof the change *within ten (10) business days of the change.*** Failure to report an increase in income may require you to repay money to the Phillipsburg Section 8 Housing Program.

The change will be effective on the first of the month following a full month waiting period in order to gather necessary information and to provide a 30 day notice.

Example: Report a change in January. January is your reporting month. February then is the waiting month – allowing us time to gather replacement income information and provide both you and your Landlord a 30 day notice of the change. The change will then be effective March 1st.

The following is a list of the required documents needed to process your interim. Failure to provide this documentation will result in delay of the interim rent adjustment.

NEW JOB:

-Letter on employer's letterhead indicating hire date, starting rate of pay, hours worked per pay.

LOSS OF EMPLOYMENT:

-Letter on employer's letterhead stating stop work date
-Copies of all pay stubs in month employment ended

UNEMPLOYMENT:

-Copy of unemployment award letter
-Copy of unemployment denial letter

TANF/GA ASSISTANCE:

-Copy of benefit letter/copy of denial letter

CHILD SUPPORT:

-Copy of Child Support Case Docket indicating case number and amount to be paid
-Pin number for Child Support website at www.childsupportnj.org must be given.

SOCIAL SECURITY:

-Copy of award letter and benefit statement

HOUSEHOLD COMPOSITION:

-If you are **removing** a household member, you must write a letter requesting for member to be removed; the letter must specifically state the member you are removing.

-If you are **requesting to ADD a member** to your household, you must write a letter requesting for this individual to be added to your lease. No one over the age of 18 may reside in your unit without a Criminal Background Check. No one can be added without written consent of your Landlord. You must also supply birth certificate, social security card and proof of income. If the individual is a minor, you must supply documentation of awarded custody.

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Head of Household Name: _____

Phone Number: _____

Name of Household Member Change is for: _____

CHECK AND COMPLETE INFORMATION PERTAINING TO REQUESTED CHANGE:

_____ **Wages:** _____ Increase _____ Decrease

Name of Employer: _____

Address of Employer: _____

Phone # of Employer: _____

Rate of Pay: _____ Hours: _____ Hours are: Weekly or Bi-Weekly

_____ **Unemployment:** _____ Increase _____ Decrease Amount: \$ _____ weekly or biweekly

_____ **TANF/GA:** _____ Increase _____ Decrease Cash Amount: \$ _____

Award Date: _____ OR Closed Date: _____

_____ **CHILD SUPPORT:** _____ Increase _____ Decrease Amount: \$ _____ weekly or biweekly

Case Number: _____ Pin Number: _____

_____ **SOCIAL SECURITY:** _____ Increase _____ Decrease Amount: \$ _____

_____ **HOUSEHOLD COMPOSITION:** _____ Adding _____ Removing Please Explain: _____

_____ **OTHER:** Please Explain: _____

I certify that the information given above is accurate and complete to the best of my knowledge. I understand that providing false information is punishable under Federal and State law and is grounds for termination of housing assistance.

Head of Household Signature: _____ **Date:** _____

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