

INTERIM CHANGE REQUEST FORM INSTRUCTIONS:

MANDATORY POLICY: 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.*** You may submit the change and verifications by either regular mail, drop box located outside of our office or email to section8@phillipsburgnj.org. Failure to report an increase in income may require you to repay money to the Phillipsburg Section 8 Housing Program. ***NO VERBAL REPORTING OF ANY CHANGES WILL BE ACCEPTED***

The change will be effective on the first of the month following a full month waiting period to gather necessary information and to provide a 30-day notice. Example: You submit a completed interim change request form along with all required verifications in January. January is your reporting month. February then is the waiting month – allowing us time to review your submission, gather replacement income information, verifications 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 EMPLOYMENT/CHANGE OF EMPLOYMENT: Letter on employer's letterhead indicating hire date, starting rate of pay, hours worked per pay. Pay stubs may NOT be utilized as the only source of verification.

LOSS OF EMPLOYMENT: Letter on employer's letterhead stating stop work date and copies of all pay stubs in month employment ended. Pay stubs may NOT be utilized as the only source of verification.

UNEMPLOYMENT: Copy of unemployment award letter/Copy of unemployment denial letter

TANF/GA ASSISTANCE/FOOD STAMPS: Copy of benefit letter/copy of denial letter

CHILD SUPPORT: For NEW cases, a copy of Child Support order indicating case number and amount paid.
For EXISTING Child Support cases, copies of the amounts disbursed and obligation page.

SOCIAL SECURITY: Copy of award letter and benefit statement.

ZERO INCOME: A Statement of Zero Household Income form must accompany the interim change form. You may request our office to either mail, email the form or you may obtain it from our website www.phillipsburgnj.org.

NON-WAGE SOURCE OF INCOME: A letter must be provided. The letter must be signed, dated, and indicate the monetary amount paid and whether it is paid weekly, biweekly, or monthly.

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.

Phillipsburg DCD, Phillipsburg 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:

HOUSEHOLD: Head of Household Name: _____
Phone Number: _____
Name of Household Member Change is for: _____

CHECK THE LINE APPLICABLE TO YOUR REQUEST FOR A CHANGE AND COMPLETE:

____ EMPLOYMENT: ____ Increase ____ Decrease ____ Change of Employment

Employer Name: _____

Address of Employer: _____

Phone # of Employer: _____

Start Date: _____ Rate of Pay: _____ Hours per Week: _____ End Date: _____

____ UNEMPLOYMENT: ____ Increase ____ Decrease Amount \$ _____ weekly or bi-weekly

____ TEMPORARY DISABILITY: Start Date: _____ Amount \$ _____ weekly or bi-weekly

End Date: _____

____ TANF/SNAP: ____ Increase ____ Decrease Amount \$ _____ per month

Award Date: _____ OR Closed Date: _____

____ CHILD SUPPORT: ____ Increase ____ Decrease Amount \$ _____ weekly or bi-weekly

Case Number: _____

____ SOCIAL SECURITY: ____ Increase ____ Decrease Amount \$ _____ per month

____ HOUSEHOLD COMPOSTION: ____ 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 knowingly supplying false, incomplete or inaccurate 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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