

INTERIM REQUEST FORM

The following information is needed ONLY if there has been a change in your family composition, income, current housing or living arrangements. It is the responsibility of all Public Housing residents to report any and all changes in family size and income to the Housing Authority, in writing, within ten (10) days of the date the change has occurred in accordance with Peekskill Housing Authority and HUD policies and requirements. Failure to do so could result in the termination of your lease. If the information has not been reported timely, an overpayment may have occurred and you may be required to reimburse the Housing Authority.

PLEASE complete entire form.

Resident Name: _____ DOB: _____

Social Security Number: _____

Current Address: _____

Phone Number(s): Home: _____ Cell: _____

Check All Boxes That Apply To Your Interim Change:

- | | | |
|---|---|--|
| <input type="checkbox"/> New job | <input type="checkbox"/> Loss of job | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> More hours | <input type="checkbox"/> Less Hours | <input type="checkbox"/> Increase/decrease in pay rate |
| <input type="checkbox"/> SSI/Social Security | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Add a family member | <input type="checkbox"/> Remove a family Member | <input type="checkbox"/> Student status change |
| <input type="checkbox"/> Status Change (Disabled (include documentation), HOH, Child, Other Adult, etc.) | | |

Complete each item below that applies to your change or changes.

INCOME

New Employer: _____ Contact: _____

Phone Number: _____ Fax Number: _____

Address: _____

When did you start (date): _____ Number of Hours worked: _____

How often (check one) per Week Bi-Weekly (every 2 weeks) Monthly

Rate of pay: \$ _____ per hour.

Former Employer: _____ Phone Number: _____

Address: _____ Fax Number: _____

When did you leave (date)? _____

Social Security: Date started: _____ Date Ended: _____

Amount: \$ _____ Monthly Annually SS SSI

Other Income (child support, workmen comp, unemployment, etc.)/Comments:

Resident Signature: _____ Date: _____

IF YOU ARE REPORTING ZERO INCOME, YOU MUST COMPLETE THE NO INCOME STATEMENT AND WORKSHEET.