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## Interim Change Form

\_\_\_ Section 8 \_\_\_ Public Housing \_\_\_ Rural Dev.

Family Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

I am reporting: \_\_\_\_\_ Change of Income (  Increase  Decrease ) Change in Family size \_\_\_\_\_ Other \_\_\_\_\_

\*\*\*\*\*

Please complete any sections of this form which apply to your situation and return it to our office, within 10 days of the change occurring. We will review all information reported and if a change in your share of rent is indicated, we will notify you of the change and mail you the certification to sign. Remember the following when reporting:

- 1.) Report **all** income, assets, and expenses that have changed **ONLY**.
- 2.) **To speed up the process and eliminate the verification burden, please provide us copies of paycheck stubs, SS/SSI award letters or child support print out, etc. We will need more than just 1 or 2 paystubs if you are reporting a decrease/increase of hours.**

### INCOME:

| Person Receiving Income | Source- From Where? Don't say "work"! Name and address needed | Hours per week & Rate per hour or Monthly amount | Date Began (for increase) | Date Ended (for Decrease) |
|-------------------------|---|--|---------------------------|---------------------------|
|                         |   |  |                           |                           |
|                         |   |  |                           |                           |
|                         |   |  |                           |                           |

### ASSETS:

| In Who's Name? | Source-From Where Name and Address | \$\$ Invested | Rate of Interest | Date Invested (for increase) | Date Acct. Closed (decrease) |
|----------------|------------------------------------|---------------|------------------|------------------------------|------------------------------|
|                |                                    |               |                  |                              |                              |
|                |                                    |               |                  |                              |                              |
|                |                                    |               |                  |                              |                              |

**EXPENSES:** \*Families– Only child care out of pocket expenses are allowed \*Elderly/disabled- Medical expenses, if applicable.

**Childcare:** You can only claim child care expenses that aren't reimbursed and are paid out of pocket.

| Child Care Provider | Address of Provider | Phone Number | Out of pocket expense per wk. | Rate per hr & Avg. Hrs per wk. | Do you receive State help? Yes or No |
|---------------------|---------------------|--------------|-------------------------------|--------------------------------|--------------------------------------|
|                     |                     |              |                               |                                |                                      |
|                     |                     |              |                               |                                |                                      |
|                     |                     |              |                               |                                |                                      |

**Medical:** You can only claim medical expenses that aren't reimbursed and are paid out of pocket. Please attach a copy of the bill or receipt of payment and include address. (Elderly/Disabled ONLY)

| Household Member | Name of Provider | Address | Monthly Payment/expense | Balance Due |
|------------------|------------------|---------|-------------------------|-------------|
|                  |                  |         |                         |             |
|                  |                  |         |                         |             |
|                  |                  |         |                         |             |

**CHANGE OF FAMILY MEMBERS – ADDITION OR DELETIONS**

The request to add an additional household member must be made ten (10) calendar days in advance. I also understand that the SCHA may conduct a wage and criminal background check to determine eligibility for participation. The adult wishing to join your household MUST complete an application. You will also need to fill out an additional form to obtain written permission from the landlord.

**Addition:**

| Name | Relationship | Birthplace | Birthdate | Social Security # |
|------|--------------|------------|-----------|-------------------|
|      |              |            |           |                   |
|      |              |            |           |                   |

**Deletions:** Tell us which family member(s) no longer reside in the unit and the address they have moved too:

*Attach documentation of any custody court order changes.*

| Name of person who moved | Date Moved | Where did he/she move to? | Will this move be Temporary or Permanent? |
|--------------------------|------------|---------------------------|---|
|                          |            |                           |   |
|                          |            |                           |   |

Please feel free to continue any sections on an additional sheet of paper or give us any additional information you feel is important. By signing below you acknowledge that all the information you have provided is true and accurate to the best of your knowledge.

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

\_\_\_\_\_  
Signature of Co-Head or Other Adult Date

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

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