



CHANGE OF STATUS - INTERIM REPORT

Resident is required to report all changes in writing within (30) calendar days of the change to Management. This includes all increases or decreases in income and household composition. In the event of any rent adjustment, the Housing Authority will mail or deliver a "Notice of Rent Adjustment" to the Resident. If you fail to get a rent adjustment notification and/or your rent does not change, it is your responsibility to notify Management immediately.

NAME: _____ ADDRESS: _____

DATE REPORTED: _____ EMAIL ADDRESS: _____

ANSWER and PROVIDE WRITTEN PROOF OF THE CHANGE BEING REPORTED:

- List any additions/deletions in family household composition:
 - Name: _____ DOB: _____ SSN: _____
 - Name: _____ DOB: _____ SSN: _____
 - Effective date of change: _____
- List changes in household income sources and effective date of change: _____
 - Name and Address of Employer: _____
 - Telephone number/Fax number of employer: _____
 - If employment ended, list last day of work: _____
 - Date new employment started: _____
 - How many hours worked weekly: _____
 - How much is paid per hour: _____
 - How often do you receive a paycheck: _____

List all alimony, regular support or child support received:

Amount of payment _____ Frequency of payment _____
 Payment paid to _____
 Is this court ordered? _____ NO _____ YES or _____ Pending Court order
 List date you will provide RHA with a print-out listing payments received in the past 12- months: _____

List total monthly costs for the following allowances:

Childcare costs you paid for those 12 and younger _____
 List all Full-time students and where _____
 Medical costs paid for elderly/disabled _____
 Other _____

COMMUNITY SERVICE REQUIREMENT:

Are any non-elderly or disabled household members age 18 or older not working/or attending classes?
 Please check ___NO___ YES If yes, please list who _____

*My signature below certifies that the information I have given to Raleigh Housing Authority on household composition and/or income is accurate and complete to the best of my knowledge. I understand that any false statements or information given are punishable under Federal Law and grounds for termination of the Lease.

 *Resident Signature Telephone # RHA Representative

PROPERTY MANAGER MUST COMPLETE - RESULTS OF INTERIM CHANGE

Rent Computed:
 ___ NO Change= income changed less than \$200 since last reexamination dated _____
 ___ Flat Rent Rate \$ _____ Gross Rent: \$ _____
 ___ 30% Income _____ **Less Utility Allowance: -\$(_____)**
 ___ 10% Income _____ Net Rent: \$ _____
 ___ Minimum Rent \$ _____ Effective Date: _____
 ___ Income Exclusion @ _____ % Retro Charge/Credit: \$ _____
 ___ Other _____ Date adjusted and Letter mailed _____
 ___ ICN Report date: _____ Comments _____