

## Application for Interim Change

**I am requesting an Interim Change for the following reason:**

**Family Head:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Address:**

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**Apt.#:**

\_\_\_\_\_

**City, State, Zip:**

**Area Code:**

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**Telephone No.**

## Statement of Family Composition and Income

**List all persons presently living in your unit:**

[illegible]

**List of all persons who have moved out within the last 12 months:**

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Full Name	Employer's Name and Address	Dates Worked From To		Pay Rate \$ Per

**Check the following source(s) that applies to any household member:**

- |                                             |                                             |                                                 |
|---------------------------------------------|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Welfare Assistance | <input type="checkbox"/> Retirement Pension | <input type="checkbox"/> Social Security Income |
| <input type="checkbox"/> Unemployment       | <input type="checkbox"/> VA Benefits        | <input type="checkbox"/> Child Support          |
| <input type="checkbox"/> Social Security    | <input type="checkbox"/> Other (List Below) | <input type="checkbox"/> Child Care             |

Received by (Name)	Received From (Source)	Amount

**Do you or any member of your family have the following assets?**

Saving/Checking Account (give name of Bank)	Stocks or Bonds (List by Company)	Cash Value Of Insurance Policy	Property

**\*\*ALL REPORTED INCOME MUST BE DOCUMENTED\*\***

**I/We certify that the information given to Dover Housing Authority on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that giving false statements or information can be grounds for punishment under federal and state laws. I/We also understand that giving false statements or information can be grounds for termination of housing assistance.**

<b>Head</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>
<b>Co-Head</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>
<b>Other Adult</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>

**WARNING: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements to any Department or Agency of the United States as to any matter within this jurisdiction.**