

Interim Re-Examination Process Instructions



Dear Participant:

You are responsible to report changes in family income and family composition within 14 calendar days of occurrence.

This form must be completed in its entirety by the head of the household; you must follow the instructions in each section and submit all documents that support the change. Sign this form and all forms attached.

*******THIS CHANGE WILL NOT TAKE EFFECT UNTIL YOU HAVE PROVIDED ALL DOCUMENTATION THAT SUPPORTS THE CHANGE.*******

1. If the change is earned income from employment, you must provide us with adequate information in order for us to contact your employer. Provide a letter from the employer and/or paystubs. MHA may obtain verification from the employer. If the job ended, you must supply a letter providing the date of termination of employment. **Both the head of household and the household member whose income is changing must sign this form.**
2. If the change is other income, such as Social Security, unemployment or TANF, you must provide an award letter from the agency showing the change. **Both the head of household and the household member whose income is changing must sign this form.**
3. If you are adding a person to the family composition, all paperwork for the new family member (Social Security card, birth certificate, photo ID for adults over 18 yrs. old, income verification, paystubs, award letters, asset documentation, etc.) must be included. Marin Housing **MUST** approve the additional family member prior to allowing him/her to move in. You must also get written permission from the landlord prior to the person moving in, and provide this proof to Marin Housing. **Both the head of household and the new adult household member must sign this form and the new adult member must schedule an appointment to be fingerprinted by our staff.**
4. If you are deleting an adult household member, provide evidence of family member's new address. **We may request evidence or schedule an appointment to sign a statement.**

In accordance with the Family Obligations Form which you signed at your initial or annual reexamination, it is a federal requirement that all changes must be reported within fourteen (14) calendar days of the occurrence. Please note that a delay in providing the information to Marin Housing Authority may cause rent increases to be retroactive and decreases to be delayed.

Please return the completed form and all back up paperwork either by mail or to the front desk at 4020 Civic Center Drive, San Rafael, 94903. Once all paperwork is turned in, your request will be processed.

If you are disabled and need a reasonable accommodation, please contact us through 491-2525 (TDD 1-800-735-2929) in order to make this request.

Sincerely,

Marin Housing Staff



INTERIM RE-EXAM FORM

This interim request will not be processed unless this form is completely filled out. Please print clearly and be sure to return all necessary documents so that your interim can be processed in a timely manner.

*******IF WE DO NOT RECEIVE THE COMPLETE DOCUMENTS WITHIN 14 CALENDAR DAYS THIS INTERIM WILL BE VOIDED AND YOU MUST START THE PROCESS AGAIN.*******

Please read the instructions on the front of this form.

Date of Report _____ Head of Household SS # _____

Head of Household Name _____

Address _____ City _____ Zip Code _____

Phone # (H) _____ (W) _____ Cell _____

CHANGE BEING REPORTED { } **Decrease in Income** { } **Increase or New Income**

What income is changing _____

{ } **Requesting to Add a Family Member** { } **Removing a Family Member**

INCOME CHANGE INFORMATION; PLEASE BE SPECIFIC (Read instructions #1 & #2)

Family Member	Source of Income (TANF, SSA, Job, Child Support etc.)	Start or End Date of income	Monthly Gross Amount	Employer Name/Address	Phone/Fax Number

FAMILY COMPOSITION CHANGE (Read instructions #3 & #4)

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>M/F</u>	<u>Relation to Head of Household</u>	<u>Add or Delete</u>

Explain why family member is moving out _____

Additional Information:

I DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION ABOVE IS TRUE AND CORRECT. I UNDERSTAND THAT WHOEVER IN ANY DECLARATION, CERTIFICATE, VERIFICATION, OR STATEMENT UNDER PENALTY OF PERJURY AS PERMITTED UNDER SECTION 1746 OF TITLE 28, UNITED STATES CODE, WILLFULLY SUBSCRIBES AS TRUE ANY MATERIAL MATTER WHICH HE DOES NOT BELIEVE TO BE TRUE, IS GUILTY OF PERJURY AND SHALL BE FINED OR IMPRISONED AS PROVIDED BY LAW. I ALSO UNDERSTAND THAT ACCORDING TO TITLE 18, SECTION 1001 OF THE U.S. CODE, A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING A FALSE OR FRAUDULENT STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Head of Household Signature _____ Date _____

Head of Household Print Name _____

Household Member Signature _____ Date _____

Household Member Print Name _____

