

SSC HOUSING INTERIM CHANGE FORM

YOU MUST ANSWER EVERY QUESTION

.....
**If you are claiming a Hardship then you must also fill out the appropriate Paperwork

I am authorizing the SSCHA to use this document as 1 of 2 Interims I am allowed per year.
____ YES ____ NO 1st Interim ____ 2nd Interim ____

HOUSEHOLD

List the Head of Household and all other family members who are currently living in the household.

Member No.	Member's Full Name	Relationship to Head	Birth Date	Age
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

What is your change? _____

Are you Claiming a Hardship? ___ Yes ___ No

Date your Change occurred: _____

Has your **Income** changed? ___ Yes ___ No

Has the number of people in your **HOUSEHOLD** changed? ___ Yes ___ No

Have your **CHILDCARE** expenses changed? ___ Yes ___ No

INCOME – Include ALL Household Income

Family Member With Income	Income Amount Received	How Often Received (Weekly/Monthly/Annually)	Name & Address of Employer Or Other Source Of Income (Pension, Employment, TANF, SS, Etc.)

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ALL ITEMS MUST BE REPORTED:

If employed, please list rate of pay. \$ _____ per hour, average hours worked weekly _____.

Have you filed for Unemployment? ___ Yes ___ No. If yes, anticipated benefit \$ _____ every _____

Have you/are you applied/applying for TANF? ___ Yes ___ No. If yes, anticipated benefit \$ _____ every _____

Do you receive or anticipate receiving child support? ___ Yes ___ No
If yes, what is the amount _____

Is your change temporary? ___ Yes ___ No. If yes, when will it end? _____

Do you have a Checking or Savings account that you have access to? _____ Yes _____ No
What bank? _____

(YOU MUST REPORT ALL ACCOUNTS YOU AND MEMBERS OF HOUSEHOLD HAVE ACCESS TO.)

CHILDCARE EXPENSES

Each Child in Child Care	Amount Paid	How Often	Name & Complete Address of Provider

I/We certify that the information given to the So. Sioux City Housing Agency on household composition, Income and Deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. *I/We also understand that false statement or information is grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household Phone Number Date Signature of Other Adult Date

Return to:
South Sioux City Housing Agency
118 E. 21st St
South Sioux City, NE 68776
402.494.7514

OFFICE USE ONLY:
Date recvd: _____
HA initials: _____
Interim # _____