

INTERIM CHANGE DECLARATION

Income Increase or Decrease

- You must continue to pay the same rent until you receive a letter indicating otherwise.
- If you have an increase in income, the change **MUST** be reported to our office no more than 14 days after the change is effective. If you fail to meet this deadline, you may be responsible for repayment of overpaid subsidy.
- Failure to complete this form completely or omit information may cause your rental assistance to end or be denied.

Head of Household Name: _____
 Current Address: _____
 Mailing Address: _____
 Phone number: () _____ Email address: _____

My Total Family Income has changed. My new Total Income is: (include employment, Child Support, Social Security, SSI, Retirement, Unemployment, Recurring Contributions, and any other income):

REQUIRED INFORMATION AND DOCUMENTATION NEEDED:

Household Member: _____
 Previous Employer: _____ Phone: _____ Fax: _____
 Address: _____
 Last Day Worked: _____

Household Member: _____
 New Employer: _____ Phone: _____ Fax: _____
 Address: _____
 Start Date: _____ Hours per Week: _____ Hourly Rate: _____

OTHER CHANGES IN INCOME:

Other changes in income: _____ Phone: _____ Fax: _____
 Effective When: _____ Amount: _____
 How Often: _____ Comments: _____

Are you reporting zero income? Yes No

(continue to page 2)



Are there any other changes you would like to report: Yes No If yes, please explain:

I do hereby certify there is no income/money received by me from any source including, but not limited to, income from wages, public assistance, Social Security, pensions, benefits, child support, alimony, self-employment, or regular gifts and/or contributions that I have not reported on this form.

I certify that all the information submitted on this Personal Declaration is true and complete to the best of my knowledge. I understand that providing false information or failing to provide information necessary to determine my rental subsidy is grounds for termination or denial of assistance and/or could lead to owing a debt to Bloomington Housing Authority (BHA).

Signature of Head of Household

Date

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements on any documents or to any agency of the United States.

Please return completed form to the address listed below. If you need assistance in completing this form please contact:

Bloomington Housing Authority
1007 N. Summit Street
Bloomington, IN 47404
(T) 812.339.3491 (F) 812.339.7177

To email form to BHA, access the Staff Directory at: http://bhaindiana.net/contact-us/staff-directory-by-department_website-friendly-2/
