

**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:

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**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).**

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Signature of Head of Household

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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/](http://bhaindiana.net/contact-us/staff-directory-by-department_website-friendly-2/)