



**Tarrant County Housing Assistance Office
INTERIM REPORTING CHANGE FORM**

Date **CHANGE** Reported: _____

Date **CHANGE** Received By TCHAO _____

Date of Next Annual _____

PART I. Personal

Head of Household _____ Print Name	Social Security Number _____
Telephone: _____	Cell Phone: _____
eMail Address: _____	

PART II. TYPE OF CHANGE

Please Check Only the **Box(es)** of the **CHANGE** that you are Reporting Today!
FAILURE TO PROVIDE DOCUMENTATION COULD RESULT IN TERMINATION OR DENIAL OF CHANGE).

<input type="checkbox"/> <u>1. DECREASE in Income of:</u> Name _____ Documentation Attached: ___Yes ___No ___Lost Job ___Reduction in Wages or Benefits from: Employer Name: _____ Address _____ City _____ Zip _____ ___Child Support ___Unemployment Benefits ___Social Security ___Other Amount Reduced From \$ _____ ___Hourly ___Average Hours (Estimate if unknown) To \$ _____ ___Hourly ___Average Hours (Estimate if unknown)	<input type="checkbox"/> <u>2. INCREASE in Income of:</u> Name _____ Documentation Attached: ___Yes ___No Old Salary \$ _____ New Salary \$ _____ Source of Increase in Income: Employer Name _____ Address _____ City _____ Zip _____ ___Child Support ___Unemployment Benefits ___Social Security ___Other Amount Increased From \$ _____ ___Hourly ___Average Hours (Estimate if unknown) To \$ _____ ___Hourly ___Average Hours (Estimate if unknown)
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<input type="checkbox"/> <u>3. Change in Household Composition</u> Documentation Attached: ___Yes ___No Name of Person(s) ___Leaving 1. _____ 2. _____ ___Adding 1. _____ 2. _____	<input type="checkbox"/> <u>4. STUDENT Status Change</u> Documentation Attached: ___Yes ___No Student Name _____ ___Currently Enrolled ___No Longer Enrolled ___Other (Specify) _____
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5. Change in Name Documentation Attached: ___Yes ___No Reason for Name Change _____
 From _____ To _____
New name on Social Security Card MUST be provided to Tarrant County Housing within 60 Days or Termination may occur.

6. Change in CHILD CARE Allowance
 ___Increased from \$ _____ To \$ _____ ___Decreased from \$ _____ To \$ _____
Provider Name: _____ Telephone _____
 Address _____
 City _____ Zip _____

PART III. CLIENT CERTIFICATION

I hereby certify, under penalty of perjury, that the above information is true and complete. (Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or agency of the United States as to any matter within its jurisdiction).

Signature of Head of Household

Date

ALL CHANGES MUST BE REPORTED TO TCHAO WITHIN 10 CALENDAR DAYS AFTER THE CHANGE OCCURS.