

# The New Reidsville Housing Authority

924 Third Avenue, Reidsville, NC 27320 · Phone: 336-589-6510 · Fax: 888-879-8030

## INTERIM RE-EXAMINATION REQUEST

This document is used to report changes in income, household composition and student status.

**ALL CHANGES MUST BE REPORTED, IN WRITING, WITHIN 10 BUSINESS DAYS.**

Head of Household must complete and sign *all forms* where required.

- ✓ Complete only the sections that pertain to the change you are reporting on the Notification of Change Form.
- ✓ All adult members 18 years and older must sign the Notification of Change Form, Personal Declaration, Authorization for the Release of Information Privacy Act Notice (HUD form 9886) and Consent forms.
- ✓ Attach documentation only for the change you are reporting. Please review the verification checklist below for documents required to process your request.  
**Please note:** Failure to submit required documentation and/or complete required forms will result in your request being denied or delayed.

## VERIFICATION CHECKLIST

### Adding Income/Reducing Income

- Provide two (2) current and consecutive pay stubs (bi-weekly, semi-monthly, and monthly) or four (4) current and consecutive pay stubs (weekly), or four (4) weeks of current and consecutive pay stubs (daily). All must be dated within the last 60 days.
- Provide an offer letter on company letterhead that includes rate of pay and number of hours per week
- Provide Social Security or SSI benefit award letter(s), TANF, unemployment, adoption subsidy, etc.
- Provide verification of all other income, self-employment, child support, pensions, contributions, worker's compensation, etc.

### Removing Income

- Provide a separation letter on company letterhead or separation notice from Division of Employment Security
- Termination letter for benefits, i.e., Child Support, Social Security, SSI, Unemployment, TANF, etc.

### Adding New Household Member(s) – Family Composition

- If adding a minor because of birth, adoption, or court-awarded custody, provide birth certificate, verification of adoption or verification of court-awarded custody
- Provide birth certificate for any new member being added
- Provide social security card for any new member being added
- Provide State issued Driver's License or Identification card for any adult being added
- Provide marriage certificate (if applicable)

### Removing Household Member(s) – Family composition

- Provide verification of new address, i.e. copy of new lease, updated license/ID, utility bill at new address

### Change in Student Status

- High school student (most recent report card or school schedule)
- College Student (verification of full-time student status)

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## NOTIFICATION OF CHANGE FORM

### Section I: Information for Head of Household

Name		
Address		
City	State	Zip
Phone	Email	

### Section II: Change of Employment Income

Please complete for the household member that has a change in income.

Please indicate if the income is an increase or decrease

Income increase

Income decrease

Household Member Name		
Employer	Employer Address	
City	State	Zip
Phone	Fax	
Start Date	End Date	
Annual Pay		

Income increase

Income decrease

Household Member Name		
Employer	Employer Address	
City	State	Zip
Phone	Fax	
Start Date	End Date	
Annual Pay		

### Section III: Change of Income: Other

Please complete for the household member that has a change in income.

Please indicate if the income is an increase or decrease

Income increase

Income decrease

Household Member Name	
Income Source	Effective Date
Monthly Amount	

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Income increase

Income decrease

<b>Household Member Name</b>	
<b>Income Source</b>	<b>Effective Date</b>
<b>Monthly Amount</b>	

## Section IV: Change in Student Status

Please complete for the household member age(s) 18 and older whose status has changed.

<b>Household Member Name</b>	
<input type="checkbox"/> <b>Currently a full-time student</b>	<input type="checkbox"/> <b>No longer a full-time student</b>
<b>Educational Institution Information</b>	
<b>Name of School</b>	
<b>Address</b>	
<b>Phone</b>	<b>Fax</b>

## Section V: Removing Household Member(s)

Please complete for household member(s) that are being removed.

<b>Household Member</b>		
<b>Name</b>	<b>Effective Date</b>	
<b>New Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Social Security Number</b>	<b>Date of Birth</b>	

## Section VI: Adding New Household Member(s)

Please complete for new household member(s) that are being added.

	Household Member 1	Household Member 2	Household Member 3
Last Name			
First Name			
Social Security #	____ - ____ - _____	____ - ____ - _____	____ - ____ - _____
Date of Birth	__ / __ / _____	__ / __ / _____	__ / __ / _____
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Relationship to Head of Household			
Race	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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## Section VI: Other Information

Please complete the section below to report any other changes in family circumstances and/or provide additional details regarding the change(s) that you are reporting.

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I hereby certify under the penalty of perjury that the declarations I have made in this document are true and complete. I understand and acknowledge that any knowing or willful misrepresentations of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in termination of lease and/or assessment of retroactive charges.

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**Signature of Head of Household**

**Date**

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**Signature of Other Adult**

**Date**

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**Signature of Other Adult**

**Date**

### OFFICE USE ONLY

Date Received: \_\_\_\_\_

Previous Adjusted Income: \$ \_\_\_\_\_

Previous Rent: \$ \_\_\_\_\_

New Adjusted Income: \$ \_\_\_\_\_

New Rent: \$ \_\_\_\_\_

Effective Date: \_\_\_\_\_

Retro Charge: \$ \_\_\_\_\_

Retro Credit: \$ \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_