

CURRENT SECTION 8 TENANTS ONLY
(Not Waiting List Applicants)
INTERIM CHANGE REQUEST FORM
HOUSING CHOICE VOUCHER PROGRAM (SECTION 8)

IMPORTANT INSTRUCTIONS:

- ***Change Form must be submitted within 10 business days of change***
- *No change requests/reports will be accepted over the phone*
- *Form **and** verifications must be complete to be processed*
- ***Required verification must be provided by client***
- *Changes will **not** be completed without required verification*

Form to be submitted to:

Coastal Community Action, Inc.

PO Box 729, 303 McQueen Avenue, Newport, NC 28570

This form may be downloaded from the Housing Website at www.coastalca.org or obtained in person at 303 McQueen Avenue, Newport, NC 28570.

**YOU WILL RECEIVE FOLLOW-UP NOTIFICATION ONLY IF THIS CHANGE AFFECTS
YOUR PROGRAM STATUS AND/OR PAYMENTS**

Participant Name: _____

Address: _____

Current Phone#: _____ **Date:** _____

TYPE OF CHANGE: CHECK TYPE / EXPLAIN CHANGE

____ Increase in Income

____ Decrease in Income

____ Increase in Family Size (birth, adoption or court awarded custody, marriage)

____ Decrease in Family Size

____ Child care change

____ Other: _____

BRIEFLY EXPLAIN CHANGE (for example "hours at work increased"):

INCOME/FINANCE CHANGES: VERIFICATIONS REQUIRED *Program Client is responsible to provide*

Original employer verification is written on business letterhead with original signature

INCREASE IN INCOME

- ***Employment:*** Attach original employer verification of start date of employment and gross income information - annual salary or hourly wages with number of hours / pay period.
- ***Other:*** Attach copy of award letter or other verifying documentation.

DECREASE IN INCOME

- **Loss of Employment:** Provide original employer verification of end date of employment.
- **Other:** Attach written documentation to verify change.
- *If change puts you at Zero Income:* You must complete notarized Zero Income Statement.

CHILD CARE CHANGE

- Provide name/address of provider, name of child/children in care, and amount paid.

HOUSEHOLD COMPOSITION CHANGES: CLIENT ACTION & VERIFICATIONS REQUIRED

***Any additions to household require written approval from your landlord.
Staff must see originals of Birth Certificates, Photo IDs and Social Security Cards***

INCREASE IN FAMILY SIZE: CHILDREN UNDER 18 ONLY

- Provide birth certificate, adoption papers, and/or court awarded custody papers
- Provide social security card

REQUEST TO ADD AN ADULT TO HOUSEHOLD: ANYONE 18 OR OVER

Complete as above (for child) and,

Schedule appointment with Housing Specialist to complete additional, required documentation.

Any adult must have written approval from CCA HCV staff to be added to the household before they may reside in the unit.

DECREASE IN FAMILY SIZE:

- Who left? *Name* _____ *Social Security* _____
- Why? _____
- When did they leave? _____
- Where did they go? _____

Address:

- Attach proof of other residence: (i.e. copy of lease, utility bill, affidavit statement, or some other written documentation)

CERTIFICATION:

By signing this form, I certify under penalty of perjury that **ALL** of the information contained in this document and any other documents submitted in support of it are true and correct. I understand and acknowledge that making false statements on this document or any other document to obtain rental assistance benefits is a **FELONY** under Title 18, Section 1001 of the United States Code and North Carolina state law. Punishment may include incarceration and severe monetary fines.

WARNING: Making false statements on this form or any other document used to obtain rental assistance benefits may result in removal from the program and CRIMINAL PROSECUTION.

SIGNATURE OF PARTICIPANT

XXX-XX-

SOCIAL SECURITY #

DATE

FORM MUST BE RETURNED TO:

Coastal Community Action, Inc. / Attn: HCV Program

PO Box 729, 303 McQueen Avenue • Newport, NC 28570

252-223-1630 • FAX 252-223-1689

www.coastalca.org

If Faxing or Mailing Form, please call to verify that form has been received.