

CHELSEA HOUSING AUTHORITY

54 Locke Street, Chelsea, MA 02150

INTERIM CHANGE REQUEST

Head of Household Name		Date			
Address		Apt. #	City	State	ZIP Code
Home Phone	Work Phone	Cell Phone		Email Address	

I. INCOME CHANGE

I am reporting an INCREASE in income:

Household Member Name	Name and Full Address and Phone Number or Email Address of Income Source	NEW Income	How Often?	Date of Change
		\$		
Reason for Income Increase:				
You must provide 2 current consecutive pay stubs or other verification of income and document showing date of change.				

I am reporting a DECREASE in income:

Household Member Name	Name and Full Address and Phone Number or Email Address of Income Source	NEW Income	How Often?	Date of Change
		\$		
Reason for Income Decrease:				

II. HOUSEHOLD COMPOSITION CHANGE

I would like REMOVE the following Household Member:

Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation
Reason for Removal:					
New Address:					
In order to remove a Household Member, you must provide the following:					
Under 18:	Court-Awarded Change of Custody or School Record showing new address and notarized statement from HOH indicating date of removal				
18 or older:	Utility Bill, Lease or Statement from New Landlord showing new address and notarized statement from HOH indicating date of removal				

I would like ADD the following Household Member:

Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
Disability Yes No	U.S. Citizen Yes No		Full-time Student Yes No		Race	Hispanic/Latino Yes No	Social Security # or Alien Registration #
Reason for Addition:							
In order to add a Household Member, you must provide the following:							
Under 18:	Birth Certificate, Social Security Card, Court-Awarded Custody (if applicable), Landlord Approval (unless added by birth)						

IV. CERTIFICATION STATEMENT

Criminal and Administrative Actions for False Information

I certify that the information given to the CHA on household composition, income, net family assets, allowances and deductions is true and complete to the best of my knowledge and belief. I understand that giving false statements or information can be grounds for punishment under federal and state laws. I also understand that giving false information or failing to provide complete information can be grounds for termination of housing assistance. Signed under the pains and penalties of perjury:

Signature of Head of Household

Date