



INTERIM RECERTIFICATION REQUEST

Participant Name: _____

HS Taking Request: _____

Date of Request: _____

I hereby request an interim recertification of my housing assistance be performed because of the following changes to my household:

Change in Household Income

Income includes, but is not limited to employment income, benefit payments (SSD, SSI), Veterans benefits, welfare assistance (GA, TANF), alimony and/or child support, interest and/or dividends from assets, or any other income that a household member regularly earns or receives.

Household Member	Source of Income	Gross Monthly Amount	Start Date	Stop Date

Change in Household Assets

Assets include, but are not limited to cash, trusts, rental property or other capital investments, securities (stocks, bonds, treasury bills, certificates or deposits, money market funds, etc.), special retirement accounts and/or pension funds, lump sum receipts (inheritances, capital gains, settlements on insurance or other claims, etc.), personal property held as an investment, or any other assets that a household member possesses.

Household Member	Description of Asset	Current Value	Financial Institution

Change in Household Expenses

Allowable expenses include the actual cost of childcare and medical expenses that you pay for out of your own pocket (not covered by insurance or other sources) that exceed 3% of your annual income.

Household Member	Description of Expense	Monthly Payment Amount	Provider Name

Change in Household Composition

To add a household member to your household, you must first obtain authorization from your clinical team. Your landlord also must approve the addition of any household members to your dwelling unit. Your household composition also determines the size of unit that you are eligible for. Additions or removal of household members may affect this determination.

Legal Name	Social Security Number	Date of Birth	Relationship to Head of Household	Add or Remove

I do hereby certify that the above information is true and correct to the best of my knowledge. I also understand that it is my responsibility and obligation to report any further changes in my household income and/or composition **in writing immediately, within 10 days of their occurrence.**

Signature of Head of Household

Date

Signature of Other Adult Member of Household

Date

HOM, Inc. Representative Signature

Date

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful or false statements or misrepresentations of any material fact involving the use or obtaining of federal funds.