



**Housing Choice Voucher (HCV)
Interim Request Notification**

Head Of Household Name

Last 4 of Social

Address

Phone Number

By checking this box I, _____, understand that it is my obligation to notify AHA within ten (10) days of any changes in my household and any supporting documentation provided should not be dated more than 60 days ago.

Decrease in income

Attach all documentation substantiating the decrease of income:

- A) If no longer employed, a letter from previous employer.
- B) If you are no longer receiving benefits from state or federal agency, the letter of termination is needed.
- C) For a decrease in working hours, provide pay stubs for the last month or a letter from the employer.
- D) Amount of decrease per month \$ _____
- E) For any other income change not mentioned above, provide 3rd party verification.

Increase in income

Attach all documentation substantiating the increase of income:

- A) If you received an increase of wages, a letter from your employer with that amount is needed.
- B) If you are receiving benefits from a state or federal agency, a letter of acceptance of that assistance.
- C) Amount of increase per month \$ _____
- D) For new employment, provide a letter from the employer with the start date, current wages and estimated number of hours to be worked per week.
- E) For any other income change not mentioned above, provide 3rd party verification.

Change in Household Composition

If you are removing a household member, you must provide:

- A bill or lease with the individuals address. The household member must also complete an updated Continued Occupancy Application showing the household member you are removing.
- If you are interested in adding a household member for a reason other than a birth, adoption or legal custody, you must first seek the permission of your landlord in writing and present that to AHA. No one has permission to move into the unit without approval of AHA Representative.
- Any adult, age 18 or older, being added to the household must first pass a criminal background check. (Authorization form to be signed)
- Name of person(s) being added: _____



/abqha



/HousingABQ



Equal Housing Opportunity Agency



The Following Documentation must be provided:

- Proof of Birth
- Social Security Card
- Child Custody Documentation/Adoption Documentation
- For adults, 18 years of age or older, proof of income for the previous 12 months.

Other Changes

For any other changes, please provide 3rd party proof of the change.

Examples of other changes are:

- Student changes (full time, part time)
- Households members getting incarcerated
- Deployment of Military personnel
- Changes of citizenship status
- Changes in disability status
- Death of a family member
- Adding or removing a live in aid

Note the Following:

1. All incomplete Interim Request Packets will be returned to you unprocessed.
2. You are still responsible for the current portion of your rent until you have received a rent change notice from an AHA representative.
3. AHA has 30 days to process your interim request.
4. If an increase in income is not reported within 10 days, you will be retroactively charged from the date it would have been effective if the information had been provided in a timely manner.
5. The effective date of the changes will be according to the current AHA’s Administrative Plan.
6. Change request forms must be complete, signed, and legible.
7. It is the head of household responsibility to keep proof or receipt that this package was submitted to AHA.
8. This package can be sent directly to the tenant’s Housing specialist via email, via mail or dropped off in person at our office. Whichever way you decide to submit this package to us, it is your responsibility to obtain proof.

Signature

Date

Received by

Date