

Chris Pisani

Acting Executive Director

Nick Lombardi

Chairman

Robert G. Wiedenmann

Vice Chairman

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INTERIM .	REQUEST	PACKET
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Household Name: _____

k Stellato	Address:		
nissioner oy P. Jackson III nissioner	Telephone Number:		
ara Geary nt Commissioner	Please fill out the form and indicate reason for interim change. You must attach the proper verification in order for the request to be completed.		
Change In Income	Increase Decrease (Please Check One if Applicable)		

If you are reporting a change in Income, please provide the family member name(s) and information below:

Household	Source of Income:	Date Began or Date	Monthly Gross
Member Name:		Stopped: (circle one)	Income:

^{*}Please note that if this is an income change in employment you must provide (4) Paystubs or (2) if you are paid bi-weekly and a letter from your employer stating the change.

^{*}If this is a change in benefits from a state or federal agency you must provide the updated letter stating the change.

^{*}If you are reporting a change income and are reporting zero income, please contact the office and request a Certification of No Income Packet.

Change In Household Composition
☐ Reduction in Household Member
☐ Addition to Voucher. The Following documentation must be provided:
☐ Birth Certificate
☐Social Security Card
☐Child Custody Documentation
Adoption Documentation
□Photo ID (Adult 18 years or older)
Please be advised that WHA may only add immediate family members (children, siblings, parents, grandparents, grandchildren) or a child by adoption or Court-awarded custody.
If you are removing or adding a household member, a request form must be filled out. You will be contacted by the office and given the necessary request form.
Request Addition of a Live-In-Aide
If you are requesting an addition of a Live-In-Aide, you will be contacted by the office to be given a Live-In-Aide Application
Please Note: Interim decreases in rent are effective the month following the receipt of the interim packet Interim increases in rent are effective, on the 1st of the month following the 30 days' notice to the family If an increase in income is not reported within 30 days, you will be retroactively charged to the date it would have been effective if the information had been provided on a timely basis.
understand that my interim recertification will not go into effect until the Wallingford Housing Authority has received all of the necessary Documents.
Signature Date