## INDEPENDENCE HOUSING AUTHORITY

Name of Tenant: \_\_\_\_\_

Address:

4215 S. HOCKER DR, BLDG 5

INDEPENDENCE, MISSOURI 64055

Phone #: \_\_\_\_\_

\_\_\_\_

Reporting Date: \_\_\_\_\_

## Interim Redetermination of Income for Rent Change and/or Change in Family Composition

Change(s) in Income or Family Composition Due to One or more of the Following Reasons Below: (Please Circle; All Applicable)					
1. SSA/SSI - Increase / Decrease	5. Wages - Increase / Decrease				
Effective Date:	Employer:				
2. VA Pension - Increase / Decrease	6. Child Care - Increase / Decrease				
Effective Date:	Provider:				
3. TANF - Increase / Decrease	7. Family Members - Addition / Deletion				
Effective Date:	Family Member: Effective Date:				
4. Child Support - Increase / Decrease	8. Unemployment - Increase / Decrease				
Effective Date:	Effective Date:				
9. Other					

I certify that the information given is true and complete to the best of my knowledge. I understand that false statements or information are punishable under Section 1001 of Title 18 of the US Code

The tenant acknowledges the fact that no reduction in rent will occur until the Independence Housing Authority has received written verification reflecting the reported change. It is the tenant's responsibility to see that the Authority is provided with this necessary information. All paperwork has to be reported within ten (10) business days of the change.

**Resident's Signature** 

IHA Representative's Signature DO NOT WRITE BELOW THIS LINE

Member #	Source of Income	Exempted	Rate	Annual Income
				\$
				\$
				\$
				\$
				\$
	_	Total Family Annual Income:		\$

Effective Date of Change:	New Rent Amount: \$	
	Old Rent Amount: \$	
Retroactive Rent Charge / Credit:\$	for	

(This form and supporting documents become a part of the voucher paperwork by reference)