



INDEPENDENCE HOUSING AUTHORITY
providing affordable and safe housing

4215 S Hocker Dr, Bldg. 5, Independence, MO 64055 Tel: 816-836-9200

HOH Name: _____

Person with Changes: _____

Unit Address: _____

Interim Redetermination of Income and/or Family Composition

****INCOME****

SSA/ SSI	Increase / Decrease	Amount:\$	Effective Date:
VA Pension	Increase/ Decrease	Amount:\$	Effective Date:
TANF	Increase/ Decrease	Amount:\$	Effective Date:
Child Support	Increase/ Decrease	Amount:\$	Effective Date:
Other Income Source:	Increase/ Decrease	Amount:\$	Effective Date:

****EMPLOYMENT****

Tenant Name:		Phone Number:	
Employer:	Start Date:	End Date:	Hourly Rate:
Tenant Name:		Phone Number:	
Employer:	Start Date:	End Date:	Hourly Rate:

****CHILDCARE****

Provider Name:		Phone Number:	
Child(ren) Names:	Increase / Decrease	Monthly Amount:	

****HOUSEHOLD COMPOSITION** - *Requires Approval***

Add/ Remove	Person Name:	Effective Date:
Add/ Remove	Person Name:	Effective Date:

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.
 The tenant also acknowledges that no rent can be changed for the month that the change is reported but can only affect future months that have not occurred yet.
 It is the tenant's responsibility to provide the Housing Authority with all necessary information. Paperwork must be reported within ten days of the change.

 Resident Signature

 Date