



"Equal Housing Opportunities"

6327 Rivers Avenue
North Charleston, SC 29406
Telephone (843) 747-1793
Facsimile (843) 744-3466

Request Interim Recertification (Please Read Directions on The Back)

Participant Applicant

Head of Household: _____ SSN: _____
Address: _____ Date Reported: _____
City/State/Zip: _____ Phone Number: _____
Name of Person Reporting Change: _____
Email Address: _____

Do you participate in the Family Self Sufficiency (FSS) Program? yes no

1. Change in Family Income - *The Request for Interim Determination Form MUST be completed WITH attached verification(s)/proof of change(s). If the verification(s) is/are not attached to this Request for Interim Determination Form, the requested change(s) WILL NOT be made until the acceptable verifications are turned in.

My income from:

- No Longer Receiving Increased Decreased
- Unemployment Social Security (SSI/SS)
- Military Pay TANF, FI
- Pension/Retirement or Veteran's Benefit Child Support Court Ordered Voluntary
- Contributions or Gifts from family or friends Workers Compensation
- Employment
- Add New Employment Add 2nd Job No Longer Working (if no longer working Employer Name)

Employer Name: _____

Start date: _____ End date: _____

2nd Employer Name: _____

Start date: _____ End date: _____

Are you reporting you have no source of income in your household? yes no

If yes, you **MUST** complete a Zero Income Checklist and attach documentation before your rent will be adjusted.

2. Change in Child Care Expenses (please attach required documentation, see back)

My child care expense has: Increased Decreased No longer paying

3. Change in Family Size (You must provide the required documentation/verification with your reported change/s. See checklist at the back)

Name	Add (please check)	Remove (please check)	Relation to the Head of Household	SSN	Date of Birth	Gender

I certify that the information provided above is true and correct to the best of my knowledge. I understand that false statements may be punishable by fines and/or imprisonment and grounds for termination of housing assistance.

X _____
Signature Printed Name of Head of Household Date

DIRECTIONS: The Request for Interim Determination Form must be completed WITH attached verification(s)/proof of change(s). Please see the below verifications that are accepted by NCHA. If the verification(s) is/are not attached to this Request for Interim Determination Form, the requested change(s) WILL NOT be made until the acceptable verifications are turned in.

1. CHANGE OF FAMILY INCOME--ALL BENEFIT VERIFICATION AWARD LETTERS MUST BE CURRENT (Not older than 60 days)

Employment or Military Pay:

- If just starting job: Provide letter from employer on letterhead stating start date, hourly rate, hours per week, and how often paid;
- If paid weekly we need 4 check stubs, bi-weekly 2 check stubs, semi-monthly 2 check stubs (must provide all check stubs)
- If no longer employed: Provide letter from employer on company letterhead stating your last date of employment. If unable to provide verification – you must self-certify last day by completing a Self-Certifying Affidavit (No Longer Working)
- If you received Military pay, please provide a regular pay, special payments and allowances received.

Worker's/Injury Compensation: (dated No older than 60 days)

- Provide a statement from the Dept. of Labor and Industries, insurance company, law firm, etc., indicating your awarded amount.

Unemployment Benefits: (dated No older than 60 days)

- Provide copy of unemployment benefits from South Carolina Employment Security Commission

Pension/Retirement or VA Benefits: (dated No older than 60 days)

- Provide a statement of benefits paid from the plan administrator. You can contact the VA by calling **1-800-827-1000** and ask them to mail you one.

Social Security, SSI Payments: (dated No older than 60 days)

- Provide copy of current benefit letter from Social Security

TANF, FI:

- Provide a print out of benefits from DSS (if receiving, increased, decreased, or ended).

Child Support or Alimony: (dated No older than 60 days)

- Voluntary Child Support or Alimony payments - provide a written statement signed by you and the absent parent that states the dollar amount received, and/or the amount spent for clothing, food, formula, diapers, etc., and how often (weekly, biweekly, or monthly)
- Court Ordered Child Support or Alimony - provide Court Order/Family Court statement or printout stating the amount you receive and how often.
- If ended--provide a court ordered print out or notice showing ending/not receiving; if voluntary, provide a signed letter (must have contact information) indicating when it ended.

Contribution or Gifts from family or friends:

- Please attach a signed letter (must have contact information) indicating the amount spent and how often from all person(s) that are giving you money, paying your bills, or buying groceries.
- Proof of available funds must be given from persons providing cash contributions in excess of \$200 monthly.
- If ended--provide a signed letter (must have contact information) indicating when it ended.

Zero Income: – Zero Income Checklist needs to be completed when the family claims **zero income** for the household and attach required documentation. Affidavits from any individual or family member who provides contributions or pays for bills, food, etc., should be attached to your declaration indicating dollar amount given or amount spent and frequency (weekly, bi-weekly, monthly)

2. Change in Child Care Expenses (the following proof must be attached)

Child Care:

- Provide a statement from the child care provider stating the name(s) of the children, the amount you pay and how often. (Please note in order to receive this deduction, you must be paying child care to enable a family member to seek employment (family must provide evidence of the family member's efforts to obtain employment) , be employed or in school)
- If ended--provide a statement from the child care provider stating the name(s) of the children, and when childcare ended.

3. Change in Family Size (the following proof must be attached)

Add Family Member

- Provide copy of birth certificate (long form), social security card, Citizenship/Evidence of Immigration Status, Photo ID for Adults (state issued picture id/driver's license) if applicable, adoption papers (if receiving adoption assistance payments you must provide statement of payment), a copy of a court-awarded custody agreement.

Remove Family Member

- Letter/Notice from Landlord acknowledging that member being deleted no longer resides in the unit. Proof of new residence address for member being deleted (lease agreement, Driver's License, Utility bills, or a self-declaration statement as last resort; but an effort must be made to obtain verification as listed above).