



**THE HOUSING AUTHORITY
OF WASHINGTON COUNTY**

319 E. Antietam St., 2nd Floor
P.O. Box 2944
Hagerstown, Maryland 21741-2944
Telephone/TTY: 301-791-3168
FAX: 301-791-2755

Section 8 Interim Change Form

Change in Family Income

Family Members Name: _____ SS# _____

Income has (check one) Increased Decreased

Please Check type of Income listed below:

We will not be able to reduce your rent if the information is not completed. We must have the name, address and phone numbers to verify information.

<input type="checkbox"/> Wages from Employment	<input type="checkbox"/> Unemployment Benefits
<input type="checkbox"/> TCA or TEMHA	<input type="checkbox"/> Child Support Income
<input type="checkbox"/> Social Security Income	<input type="checkbox"/> Pension or Veterans Benefits
<input type="checkbox"/> Workmen Compensation	<input type="checkbox"/> Other(Alimony, regular monetary gifts)

New Income Source (if applicable)

Name: _____

Address: _____

Phone: _____

Other: _____

Old Income (if applicable)

Name: _____

Address: _____

Phone: _____

Other: _____

CHANGE IN FAMILY SIZE *(Adding or Deleting a person from the home)*

Addition of a child due to birth, adoption, or court awarded custody (attach proof as birth certificate & social security card)

Name of Person: _____ Birth Date: _____ SS#: _____

Family Member no longer lives in my household (attach proof to this form)

Name: _____ New Address: _____

Reason For Moving: _____

REQUEST TO ADD ADULT TO SECTION 8 HOUSEHOLD

IMPORTANT Thirty days (30) advanced notice is required to add an adult member to a Section 8 household. An Application must be completed with their information only and we must have written permission from the landlord allowing adult member to be added to the lease. The Housing Authority will conduct wage and criminal checks to determine applicants eligibility.

Adult applicants name: _____ SS# _____
Relationship to Head of Household : ___ Spouse: ___ Parent of Child: ___ Immediate Family
___ Fiancé or house mate.

CHANGE IN FAMILY CHILD CARE EXPENSES

Please check applicable box below: (*Information will be verified*)

- | | |
|---|---|
| <input type="checkbox"/> No longer have day care expenses | <input type="checkbox"/> Day Care cost have increased |
| <input type="checkbox"/> Have changed day care provider | <input type="checkbox"/> Day Care cost have decreased |
| <input type="checkbox"/> New day care Provider | |

NEW DAY CARE PROVIDER

PREVIOUS DAY CARE PROVIDER (*if applicable*)

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Child's Name: _____	Child's Name: _____

Change of Address of Phone Numbers

New Address _____
New Phone: _____ Cell Phone _____

Signature: _____ Date: _____