



# H. A. W. C.

Housing Authority of Washington County  
319 East Antietam Street, 2<sup>nd</sup> Floor  
P. O. Box 2944, Hagerstown, MD 21741-2944  
Telephone/TTY: 301-791-3168  
Fax: 301-791-2755  
[www.hawcmd.org](http://www.hawcmd.org) or [www.facebook.com/hawcmd.org](http://www.facebook.com/hawcmd.org)

## 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 and 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: \_\_\_\_\_

