

**PENDER COUNTY HOUSING DEPARTMENT  
MID-TERM/INTERIM CHANGE REPORTING FORM**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Contact Telephone Number

**\*\* IT IS YOUR RESPONSIBILITY TO FULLY REPORT ALL HOUSEHOLD INCOME, EXPENSES AND OCCUPANTS IN WRITING\*\*  
*All changes must be verified. Changes reported after the 20<sup>th</sup> of the month may not be effective immediately. Changes within 60 days of your annual re-certification date may not be effective until your annual re-certification date.***

What is the Change you are reporting today? *(CHECK ALL THAT APPLY)*  INCOME CHANGE  CHANGE AT JOB

CHANGE IN EXPENSES  REMOVE A HOUSEHOLD MEMBER  ADD A HOUSEHOLD MEMBER

CHANGE IN MARITAL STATUS  CHANGE IN STUDENT STATUS

LOST JOB (complete employment listing form)  NEW JOB (complete employment listing form)

OTHER (EXPLAIN): \_\_\_\_\_

When/What date did the change happen? \_\_\_\_\_

Which Household member is affected by the change? \_\_\_\_\_

***Based on this report you may be required to complete additional forms as they related to the change.  
IF YOU ARE REQUESTING TO REMOVE A FAMILY MEMBER, ATTACH PROOF OF THAT FAMILY MEMBER'S NEW ADDRESS.***

**STATEMENT OF FAMILY COMPOSITION**

LIST ALL OF PEOPLE CURRENTLY LIVING IN YOUR HOUSEHOLD. LIST YOURSELF FIRST.

<b>HOUSEHOLD MEMBER NAME</b>	<b>RELATIONSHIP TO HEAD OF HOUSEHOLD</b>	<b>BIRTHDATE</b>	<b>AGE</b>	<b>WORKING? (ANSWER YES OR NO)</b>	<b>STUDENT? (ANSWER YES OR NO)</b>
	MYSELF				

**\*\*BY SIGNING THIS FORM I/WE CERTIFY THAT ALL MINORS LISTED ON THIS FORM (OR AN ATTACHED FORM) ARE LEGALLY AND PHYSICALLY IN MY/OUR CUSTODY. \*\***

DO YOU ALLOWED ANYONE, WHO IS NOT LISTED ON YOUR LEASE AND YOUR HOUSING PAPERWORK, TO STAY IN YOUR HOME?  NO  YES - Explain WHO & HOW OFTEN? \_\_\_\_\_

Have any of your utilities been interrupted/disconnected for any reason in the last 12 months?

NO  YES- Explain: \_\_\_\_\_

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.**

**PENDER COUNTY HOUSING DEPARTMENT**

LIST ALL TYPES OF INCOME CURRENTLY RECEIVED BY YOUR HOUSEHOLD:

TYPE	YES OR NO?	IF YES, HOW MUCH/WHAT IS THE VALUE?	HOW OFTEN?	NAME OF FAMILY MEMBER(S) RECEIVING:	Name of person/employer/ organization that provides this income:
Employment Income		\$			
Work First / OAP / AND		\$			
ALIMONY/MAINTENANCE		\$			
FOOD STAMPS		\$			
SOCIAL SECURITY/SSI/SSDI		\$			
Unemployment Benefits		\$			
VA Benefits		\$			
Pension/retirement		\$			
FINANCIAL AID		\$			
Goods/Services		\$			
Pays Bills for my family		\$			
GIFT OR OTHER INCOME		\$			

**\*IF YOU ARE CLAIMING TO HAVE NO INCOME or IF THE INCOME YOU REPORT IS SO LOW THAT IT IS NOT ENOUGH TO MEET REASONABLE EXPENSES FOR YOUR FAMILY, EXPLAIN HOW YOU PAY BASIC LIVING EXPENSES.\***

Have you opened a Bank Account since you last report?

YES- provide proof of the change.       NO

Have you had a change in out-of-pocket childcare expenses since your last report?

YES- provide proof of the change.       NO

**ELDERLY/DISABLED ONLY:**

HAVE YOU HAD A CHANGE IN OUT OF POCKET COSTS FOR MEDICAL EXPENSES SINCE YOUR LAST REPORT?

YES- provide proof of the change.       NO

Explain any changes in your criminal history **or that of any household member** since your last report. *Use a separate sheet of paper, if needed.*

No Change       Yes, there are have changes. EXPLAIN: \_\_\_\_\_

**I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE & COMPLETE TO THE BEST OF MY KNOWLEDGE. I DECLARE UNDER PENALTY OF PERJURY, & BEING SUBJECT TO PROSECUTION UNDER THE N. C. GENERAL STATUTE 15§157-29, THAT THE INFORMATION IS TRUE & COMPLETE.** I/WE UNDERSTAND THAT INFORMATION GIVEN TO THE HOUSING AUTHORITY MAY BE GIVEN TO THE PENDER COUNTY DEPARTMENT OF SOCIAL SERVICES. I/WE CERTIFY THAT I/WE HAVE READ AND UNDERSTAND THE ABOVE STATEMENT. BY SIGNING THIS DISCLOSURE, I/WE HEREBY AUTHORIZE THE PENDER COUNTY HOUSING DEPARTMENT (OR IT'S AGENT), TO CONTACT & OBTAIN INFORMATION REQUIRED FROM ANY OF THE **INDIVIDUALS /ENTITIES** LISTED ON THIS DISCLOSURE, OR FROM ANY OTHER INDIVIDUALS/ENTITIES REQUIRED TO VERIFY ELIGIBILITY. *(ALL ADULT HOUSEHOLD MEMBERS, 18 YEARS OLD OR OLDER, MUST SIGN THIS FORM)*

HEAD OF HOUSEHOLD: \_\_\_\_\_ DATE \_\_\_\_\_

OTHER ADULT: \_\_\_\_\_ DATE \_\_\_\_\_

OTHER ADULT: \_\_\_\_\_ DATE \_\_\_\_\_

OTHER ADULT: \_\_\_\_\_ DATE \_\_\_\_\_

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