

# HOUSING AUTHORITY OF LANCASTER

3502 CAROLINE COURTS ~ P. O. BOX 1235

LANCASTER SC 29721

Phone: 803-285-7214 ~ Fax: 803-283-2049

## Interim Rent Change Form

REPORTING DATE: \_\_\_\_\_

TENANT NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

YOUR CONTACT NUMBER: \_\_\_\_\_ PROGRAM:  Public Housing  Section 8

### CHANGE REPORTING:

- |   |  |
|---|--|
| <input type="checkbox"/> Receiving Unemployment           | <input type="checkbox"/> Receiving AFDC/FI                                     |
| <input type="checkbox"/> No longer receiving Unemployment | <input type="checkbox"/> No Longer Receiving AFDC/FI                           |
| <input type="checkbox"/> Started Working                  | <input type="checkbox"/> Started Receiving Child Support (including Voluntary) |
| <input type="checkbox"/> No longer Working                | <input type="checkbox"/> No longer receiving Child Support                     |
| <input type="checkbox"/> Decrease in Hours                | <input type="checkbox"/> Receiving Family Contribution                         |
| <input type="checkbox"/> Increase in Hours                | <input type="checkbox"/> No Longer Receiving Family Contribution               |
| <input type="checkbox"/> Pay Increase                     | <input type="checkbox"/> Other   |

DOCUMENTATION ATTACHED:  None  Letter  Check Stub  Other: \_\_\_\_\_

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_

EMPLOYER CONTACT PERSON: \_\_\_\_\_

EMPLOYER PHONE NUMBER: \_\_\_\_\_ / FAX #: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Received

### HOUSING AUTHORITY OF LANCASTER USE ONLY VERIFICATION PROCESS

VERIFICATION PERFORMED DATE: \_\_\_\_\_

EIV: \_\_\_\_\_  Written Third Party: \_\_\_\_\_  Oral Third Party: \_\_\_\_\_

Work No.: \_\_\_\_\_  Third Party Form: \_\_\_\_\_  Tenant Declaration: \_\_\_\_\_

Verification Documentation Received: \_\_\_\_\_ Date Verified: \_\_\_\_\_

Rent Adjustment Processed: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
(If an adjustment is not required, note reason in comments)

Rent Notification(s) Mailed: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Office Representative Signature

\_\_\_\_\_  
Date

IRCF