

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/HOH NAME: _____ ADDRESS: _____

YOUR CONTACT NUMBER: _____ PROGRAM: Public Housing Section 8

CHANGE REPORTING: for _____ (If for the above person skip)

- | | |
|--|--|
| <input type="checkbox"/> Unemployment Start Date _____ | <input type="checkbox"/> AFDC/FI Start Date _____ |
| <input type="checkbox"/> Unemployment End Date _____ | <input type="checkbox"/> AFDC/FI End Date _____ |
| <input type="checkbox"/> Started Work Start Date _____ | <input type="checkbox"/> Child Support: Ordered/Voluntary Start Date _____ |
| <input type="checkbox"/> Stopped Work End Date _____ | <input type="checkbox"/> Child Support End Date _____ |
| <input type="checkbox"/> Decrease in Hours Effective _____ | <input type="checkbox"/> Family Contribution Start Date _____ |
| <input type="checkbox"/> Increase in Hours Effective _____ | <input type="checkbox"/> Family Contribution End Date _____ |
| <input type="checkbox"/> Pay Increase Effective _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> SS or SSI Start Date: _____ | <input type="checkbox"/> Workers Compensation Started Date _____ |
| <input type="checkbox"/> SS or SSI Increase Effective: _____ | <input type="checkbox"/> Workers Compensation End Date _____ |

DOCUMENTATION ATTACHED: Hire Notice Letter Check Stub Other: _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

If started work, how many hours per week: _____ Pay Rate Per Hour \$ _____

EMPLOYER CONTACT PERSON: _____

EMPLOYER PHONE NUMBER: _____ / FAX #: _____

COMMENTS: _____

Tenant Signature

HAL 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