

THE BALTIMORE COUNTY HOUSING OFFICE

INSTRUCTIONS FOR REPORTING AN INTERIM CHANGE

CHANGES YOU MUST REPORT TO KEEP YOUR ASSISTANCE

- ❑ Birth, adoption or court ordered custody of a child. You **must** notify the Housing Office within 15 days of the addition of the minor to your household.
- ❑ Someone moves out of your unit. You must notify the Housing Office within 15 days of the date the person moves out.
- ❑ You want to add someone to your household. You **must** get written approval from the landlord and the Housing Office **BEFORE** you allow the person to move in.

***** If you do not report a required change in household members, the Housing Office may terminate your rental assistance and/or execute Repayment Agreement for any overpayment of housing subsidy.**

***** If you allow someone (other than because of birth, adoption or court ordered custody) to move into your unit without prior written approval, the Housing Office may terminate your rental assistance.**

CHANGES YOU MAY REPORT WHICH MAY AFFECT YOUR TENANT RENT

- ❑ Decreases in income:
 - Loss of a job
 - Decrease in wages
 - Loss of Child Support
 - Loss of Benefits
- ❑ Medical Expenses – permitted only for households in which the head of spouse is at least 62 years of age, handicapped or disabled:
 - Expenses not covered by insurance,
 - Expenses from last year not reported at your last recertification,
 - Expenses for a care attendant for the elderly or disabled head of household or spouse.
- ❑ Handicapped expenses:
 - Expenses for care attendants and “auxiliary apparatus” for disabled family members, which enable a family member to work or attend school

INSTRUCTIONS FOR REPORTING AN INTERIM CHANGE

1. Complete the family information section in full. Do not leave any spaces blank.
2. Complete all other sections that apply to your change.
3. Attach the requested documents. If you do not have all the required documents, submit our Interim Report without the documents. You will be given the opportunity to mail the required documents to the Housing Office.
4. **Sign and date the Interim Change Report form.**
5. Mail the Interim Change Report form and any documents you have to the Housing Office or, bring the Interim Change Report form to the office and get a receipt.

BALTIMORE COUNTY HOUSING OFFICE POLICY ON PROCESSING INTERIM CHANGES

When the Baltimore County Housing Office receives your Interim Change Report, we will send you a written request for any documents needed to process our interim change. **These documents must be received Housing Office within 10 days of the date of the request in order for the change to be effective the first of the month following the date you reported the change.** You will be given an additional 10 days to submit the documents, however, the change will not take place until the first of the month following the date we receive all the required documents. **If you fail to submit all the required documents by the final due date, your case will be closed and/or your file may be submitted for termination.**

It takes approximately **30 to 60 days** to process and interim change **if all the required information is submitted timely.** As soon as the change is processed, you will receive a letter from the Housing Office informing you of the effective date of your change and your new tenant rent.

YOU MUST CONTINUE TO PAY YOUR CURRENT TENANT RENT UNTIL YOU RECEIVE WRITTEN NOTICE FROM THE HOUSING OFFICE NOTIFYING YOU OF YOUR NEW TENANT RENT AND THE EFFECTIVE DATE OF THE CHANGE.

DOCUMENTATION NEEDED TO PROCESS AND INTERIM CHANGE

All documentation submitted to the Housing Office **must be original documents** with the exception of birth certificates and/or Social Security cards. The Housing Office will accept copies of birth certificates and Social Security cards to start processing your change, however, be prepared to submit originals at your next interim or annual reexamination.



EQUAL HOUSING OPPORTUNITY

The Baltimore County Housing Office is dedicated to ensuring our rental assistance programs are readily accessible to and usable by individuals with disabilities. You may request an assistance aid, service or accommodation if you or a family member has a disability that limits one or more major life activities by calling (410) 853.8990 (voice): or Maryland Relay 711.

The Baltimore County Housing Office does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of housing services.

Baltimore County Housing Office
Drumcastle Government Center
6401 York Rd.
Baltimore, MD 21212

FOR HOUSING USE ONLY
Tenant #
Program:
Worker's Initials:
Date Received:

INTERIM CHANGE REPORT FORM

Head of Household Information

Last Name: _____ First Name: _____ SS# _____

Assisted Address: _____ Apt. # : _____

City: _____ State: _____ Zip Code: _____

Current Address (if different): _____ Apt. # : _____

City: _____ State: _____ Zip Code: _____

Current Phone Number: _____ Alternate Phone Number: _____

COMPLETE ALL THE SECTIONS BELOW THAT APPLY TO YOU AND YOUR FAMILY.

SECTION ONE: REQUESTING TO ADD SOMEONE TO YOUR HOUSEHOLD

Do not allow this person to move into your assisted unit until the Housing Office has given you written approval to add the person to your household.

1. Name Social Security Number and relationship of the person(s) you are requesting to add to your household: _____
2. If you are requesting approval to add another adult to the household, list the other adult's current address and source of income: _____
3. If you would like to add a birth child, adopted child, or court ordered custody child, attach a copy of the following documentation:
 - birth certificate (s)
 - social security card (s)
 - adoption papers
 - letter from landlord giving permission to add the person to your lease
 - court order to verify custody

SECTION TWO: REMOVING SOMEONE FROM YOUR HOUSEHOLD

1. Name of person(s) you want to remove: _____
2. Relationship of the person(s) to you: _____
3. Attach proof the person(s) now lives at different address from you. Listed below are some examples of documentation required to remove an adult from your household:
 - Lease, utility bills, or rental agreement, or
 - A current document from another government agency verifying the person's address, or
 - A current document from a school or employer verifying the person's address.
4. Attach a notarized statement written by the Head of Household stating the date this change occurred and stating whether this change is permanent or temporary. If the change is expected to be temporary, the statement must include the date the person is expected to move back in with you.

SECTION THREE: DECREASE IN INCOME

1. What income has been reduced or stopped? (Please circle)
Wages Unemployment SSA SSI Child Support Other (Please list)_____
2. Has this income been reduced or has it stopped? Circle **Reduced Stopped**
2. If a job has stopped or hours have been reduced, give name of employer: _____
3. If this decrease is temporary, what is the date the income will start again? _____
4. All adults must complete a Self-declaration of Income form and **get it notarized**. See attached.
5. Attach current documentation to verify all sources of income for all family members.

SECTION FOUR: EXPENSES

1. If your childcare costs have increased and you are employed or attending school, attach a **notarized** statement from your day care provider stating the amount of weekly or monthly payments made for your child(ren) during the school year and during the summer. **This statement must include the provider's name, address, telephone number and tax ID number or social security number.**
2. If you and/or your spouse are at least 62 years old or disabled or handicapped and you have medical expenses which were not reported at your recertification, attach the following documents:
 - Receipts for payment you made for medical services, or medical insurance premiums that you were not reimbursed for by another source,
 - Receipts or computer printouts for prescriptions you paid for during the last twelve (12) months,
 - Verification of non-prescription medical expenses.

SECTION FIVE: FULL TIME STUDENT

Is anyone in your household a full-time student 18 years old or older?
Name: _____
Name of school: _____
Number of credit hours this semester: _____
Date enrolled: _____

SECTION SIX: REPORTING AN INCREASE IN INCOME (required for FSS participants only)

1. Has someone in your household started working? Circle **Yes No**
If yes, write that person's name here: _____
2. Has someone in your household received an increase in their wages/earned income? Circle **Yes No**
If yes, write that person's name here: _____
3. When did the earned income start or increase? _____
4. What is the name of the employer? _____
5. Are you a Family Self-Sufficiency Program participant? Circle **Yes No**

THIS REPORT FORM **MUST BE SIGNED** OR IT WILL BE RETURNED TO YOU FOR SIGNATURE AND THE PROCESSING OF YOUR INTERIM CHANGE WILL BE DELAYED!

I certify that the statements above are true and complete to the best of my knowledge. I understand that false statements or information are punishable under Federal Law.

Signature of Head of Household

Date

