



## **Baltimore County Department of Health and Human Services Office of Housing**

### **Interim Change Reporting Procedures and Instructions**

- All changes must be reported using the interim change form. When the Baltimore County Office of Housing receives your Interim Change Report, we will review and send you a written request if any further documents are required.
- If a household member moves out, you must notify the Office of Housing within 15 calendar days of the date of the member moving out.
- If you do not report a required change in household members, the Office of Housing may terminate your rental assistance and/or execute Repayment Agreement for any overpayment of housing subsidy.
- As soon as the change is processed, you will receive a letter from the Office of Housing informing you of the effective date of your change and your new tenant rent. If you fail to submit all the required documents by the final due date, the interim will not be processed.
- **YOU MUST CONTINUE TO PAY YOUR CURRENT TENANT RENT UNTIL YOU RECEIVE WRITTEN NOTICE OF A CHANGE FROM THE OFFICE OF HOUSING.**
- If you need assistance completing the attached form, you may call 410-853-8990.

**Thank you for your cooperation.**



- Complete the family information section in full.
- Check and complete the sections that apply to your reported change.
- Attach the requested documentation. (Interim can be accepted without the documentation but this will delay the process.)
- Sign and Date the Interim Change Report form.
- Mail or bring to the office for a receipt of the Interim Change Report form and any documentation

<b>To add to the household</b>	If you are adding a child submit: <ul style="list-style-type: none"> <li>• Birth certificate, adoption/foster care or court ordered custody papers</li> <li>• Social security card</li> <li>• Citizenship form</li> </ul>	If you are adding an adult submit: <ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Social security card</li> <li>• INS documentation if applicable</li> <li>• Citizenship form</li> <li>• Letter of approval from your landlord</li> </ul>
<b>To remove a person from the household</b>	<ul style="list-style-type: none"> <li>• Submit a letter from the landlord stating the person has been removed from your lease.</li> </ul>	
<b>Decrease of Income</b>	<ul style="list-style-type: none"> <li>• For Wages submit (3) three consecutive pay stubs or termination letter from the employer</li> <li>• For Child Support a print out from the child support agency</li> <li>• SSI, SSA, Pension, or Unemployment benefit letter</li> </ul>	
<b>Child Care Expenses</b>	<ul style="list-style-type: none"> <li>• Verification of the amount of child care payments and how often paid (i.e. weekly, monthly, etc.) This verification needs to be on provider letterhead or notarized. This statement must include the amount received from an outside agency if applicable, (i.e. Department of Social Service child care voucher) the provider's signature, address, telephone number and tax ID or social security number.</li> </ul>	
<b>Medical Expenses</b> (head of household must be at least 62 years old or disabled/handicapped)	<ul style="list-style-type: none"> <li>• Receipts for payments you made for medical services or insurance premiums that were not reimbursed for by another source.</li> <li>• Receipts or computer printouts for prescriptions you paid for during the last twelve (12) months.</li> <li>• Verification of non-prescription medical expenses.</li> </ul>	
<b>Handicapped Expenses</b>	<ul style="list-style-type: none"> <li>• Expenses for care attendants and "auxiliary apparatus" for disabled family members, which enable a family member to work.</li> </ul>	
<b>Increase of Income</b>	<ul style="list-style-type: none"> <li>• Employment verification from your employer.</li> <li>• Three (3) consecutive pay stubs</li> <li>• Verification from source of income you are reporting.</li> </ul>	

The Baltimore County Office of Housing is dedicated to ensuring our rental assistance program 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 Office of Housing 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 Office of Housing  
Drumcastle Government Center  
6401 York Road  
Baltimore, MD 21212

OFFICE USE ONLY

Tenant # \_\_\_\_\_  
Program \_\_\_\_\_  
Assigned Worker \_\_\_\_\_

## INTERIM CHANGE REPORT FORM

### Head of Household Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Assisted Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Address (if different): \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

Are you participating in the Family Self-Sufficiency Program?  Yes  No

**PLEASE COMPLETE BY CHECKING THE SECTION(S) BELOW THE CHANGE THAT YOU ARE REPORTING A CHANGE FOR. THIS REPORT FORM MUST BE SIGNED OR IT WILL DELAY PROCESSING.**

Add a person to the household - Name and SSN \_\_\_\_\_

Remove a person to the household - Name and SSN \_\_\_\_\_

Decrease of Income -  Wages from \_\_\_\_\_

Unemployment

SSA or SSI for \_\_\_\_\_

Child Support for \_\_\_\_\_

Other: \_\_\_\_\_

Child Care Expenses

Medical Expenses

Full Time Student: Name of Student: \_\_\_\_\_

Name of School: \_\_\_\_\_

Increase of Income (required by FSS participants only)

Increase is from: \_\_\_\_\_

Start date: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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.

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_