METROPOLITAN DEVELOPMENT AND HOUSING AGENCY
Interim Redetermination Change

Head of Household Name: _____ **Last 4 of Social Security #:** _____

Address: _____ **Phone (home):** _____

_____ **Email address:** _____

Please indicate type of change and which family member each change applies to. Provide any documents that verify your change. PLEASE PRESS FIRMLY

Name of Household Member with Change: _____

Income Change: Income Increase Income Decrease

Employment TANF/Food Stamps Social Security/SSI Pension
Self-Employment Child Support Case # _____ Unemployment Benefits

Other: _____

Date of Change: _____ Amount Received Per Month: _____

Name of New/Former Employer: _____

Address: _____

Phone: _____ Hours per week: _____ Rate of Pay: _____

Expense Change

Child Care: Increased Decreased

Date of Change: _____ Amount Paid per Week: _____ Case Number (if known): _____

Name of Child Care Provider: _____

Address: _____

Phone: _____

Medical Expense: Increased Decreased (PLEASE ATTACH VERIFICATION)

Disability Expense: Increased Decreased (PLEASE ATTACH VERIFICATION)

Household Member Change: Adding Member Removing Member Member turns 18

Before adding a person (other than birth or adoption of a child) to your household, you *MUST* complete the "REQUEST TO ADD A NEW HOUSEHOLD MEMBER" form and receive owner and MDHA approval first.

Name: _____ Relationship: _____ Income: _____

Date of Change: _____ New address of member (if removed): _____

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

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that false statements or information are punishable under Tennessee Code Annotated and Section 1001 of Title 18 of the U.S. Code which provides penalties up to $10,000 or imprisonment up to five (5) years or both. I also understand that false statements or information are grounds for me being charged retroactive rent and my housing assistance being terminated.

_____

Date **Resident Signature**