

INDEPENDENCE HOUSING AUTHORITY
 4215 S. HOCKER DR, BLDG 5
 INDEPENDENCE, MISSOURI 64055

Name of Lessee: _____
 Address: _____
 Unit #: _____
 Reporting Date: _____

Interim Redetermination of Income for Rent Change and/or Change in Family Composition

Change(s) in Income or Family Composition Due to One or more of the Following Reasons Below: (Please Circle; All Applicable)

<p>1. SSA/SSI - Increase / Decrease Effective Date: _____</p> <p>2. VA Pension - Increase / Decrease Effective Date: _____</p> <p>3. TANF - Increase / Decrease Effective Date: _____</p> <p>4. Child Support - Increase / Decrease Effective Date: _____</p>	<p>5. Wages - Increase / Decrease Employer: _____</p> <p>6. Child Care - Increase / Decrease Provider: _____</p> <p>7. Family Members - Addition / Deletion (Requires New Lease Signing)</p> <p>8. Unemployment - Increase / Decrease Effective Date: _____</p>
<p>9. Other _____</p>	

I certify that the information given is true and complete to the best of my knowledge. I understand that false statements or information are punishable under Section 1001 of Title 18 of the US Code

The tenant acknowledges the fact that no reduction in rent will occur until the Independence Housing Authority has received written verification reflecting the reported change. It is the tenant's responsibility to see that the Housing Authority is provided with this necessary information.

 Resident's Signature

 IHA Representative's Signature

Member #	Source of Income	Exempted	Rate	Annual Income
				\$
				\$
				\$
				\$
				\$
Total Family Annual Income:				\$

Effective Date of Change: _____ New Rent Amount: \$ _____
 Old Rent Amount: \$ _____

Retroactive Rent Charge / Credit : \$ _____ for _____

(This form and supporting documents become a part of the tenant lease by reference)
 (No Lease is needed unless a Family Composition change occurs)

Pleasant Heights ___ Hocker Heights ___ Southview Manor ___

