

## REQUEST FOR INTERIM RE-EXAMINATION

<b>Head of Household Name:</b>	<b>Email:</b>
<b>Telephone Number:</b>	<b>Address of Unit:</b>

☐ **Participant**

☐ **Applicant**

As a participant in the Housing Authority of the City Of Fort Lauderdale, you have the right to request an interim re-examination due to a change in income, household composition or to request the addition of a Live-in-Aide. Please indicate below the reason for your request (Check all that apply): **\*\*PROVIDE SUPPORTING DOCUMENTS\*\***

**Change in Income**

☐ Increase ☐ Decrease

**Change in Expenses**

☐ Increase ☐ Decrease

**Type of Expenses**

☐ Medical ☐ Child Care ☐ Disability

\*\* Medical Expense only applies if the head of household, co-head, or spouse is disabled or at least 62 years old  
\*\* Disability Expense only applies if one or more household member(s) is disabled.

**Change in Household Composition**

☐ Reduction in Household Member ☐ Addition of a family member due to birth, adoption/ court awarded custody

☐ **Other:** \_\_\_\_\_

If you are reporting an Employment Change, please provide the family member name(s) and information below:

List all changes to household income.*			
Family Member Name	Previous Employer	New Employer	
	Name:	Name:	
	Phone Number:	Phone Number:	
	End Date:	Start Date: _____	Rate of Pay: _____
		Hours per Week: _____	Pay Frequency: _____
	Name:	Name:	
	Phone Number:	Phone Number:	
	End Date:	Start Date: _____	Rate of Pay: _____
		Hours per Week: _____	Pay Frequency: _____

**All Other Income Changes Reported Below:**

☐ SSI ☐ Child Support ☐ Contributions ☐ Other: \_\_\_\_\_ Are you Zero Income: Y or N

Family Member: \_\_\_\_\_

Effective: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Comments: \_\_\_\_\_

If you are reporting a family composition change, please provide the family member name(s) and information below:

Family Composition Change. List all family members requested to be added or removed.*						
Name:	Soc. Sec. Number:	Sex:	Race:	Ethnicity:	Elderly and/or Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Head of Household:	Birth Date:	Moving in? <input type="checkbox"/>	Date: _____		Live-in Aide?	
		Moving out? <input type="checkbox"/>	Date: _____			
Name:	Soc. Sec. Number:	Sex:	Race:	Ethnicity:	Elderly and/or Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Head of Household:	Birth Date:	Moving in? <input type="checkbox"/>	Date: _____		Live-in Aide?	
		Moving out? <input type="checkbox"/>	Date: _____			

\*Please note that any addition to the household that is not due to birth, adoption or court awarded custody must be approved by the Housing Authority of the City of Fort Lauderdale prior to the household member moving in to the unit.

PENALTIES FOR MISUSING THIS FORM: Warning—Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department or agency of the United States.

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