

**OFFICIAL NOTICE OF POLICY UPDATE**  
**Interim Re-Examination**  
**Income Reporting**  
**Effective October 1, 2024**

**11-II.C. CHANGES AFFECTING INCOME OR EXPENSES**

**Family-Initiated Interim Reexaminations**

**Required Reporting**

**PHA Policy:**

Families are required to report all increases in earned income /assets, including new income within ten (10) business days of the date the change takes effect.

Families may report changes in income or expenses at any time.

**Interim Increases**

**PHA Policy:**

The HACFL will process an interim reexamination for any increases reported by the family. (i.e. salary increase, change in employment, new employment, etc.)

**Interim Requests with Income Decreases**

**Any Interim Requests received after the 15<sup>th</sup> of the month will not become effective until the 1<sup>st</sup> of the month after the following month.**

*Ex: Interim Request and all verifications received 3/16, will not be effective until 5/1.*

**Interim Requests with NEW Income Increases**

**If the Interim Request, results in an increase in the family's portion, the Interim will be effective the 1<sup>st</sup> month of the following month following a (30) day notice period.**

*Ex: Interim Request and all verifications received 3/16; Interim will be effective 5/1.*

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 954-556-4100; TDD/TTY 954-523-0514, between 8:30am and 5:00pm, Monday through Friday. Advance notice of seventy-two (72) hours is required on order to arrange for interpreter services.

## 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    Medical    Child Care    Disability

**Type of Expenses**

*\*\* 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:** \_\_\_\_\_

# Authorization for the Release of Information

**Organization requesting release of Information  
(Name, Address, Telephone, & Date):**

**The Housing Authority of the  
City of Fort Lauderdale**  
500 West Sunrise Blvd  
Ft. Lauderdale, FL 33311  
(954)556-4100

**Purpose**

The Housing Authority of the City of Fort Lauderdale may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

**Authorization**

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

**Public Housing Programs**

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for participation in assisted housing programs.

I authorize the Public Housing Authority of City of Fort Lauderdale to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

**Information Covered** Inquiries may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pension, and Assets
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History



**Individuals Or Organizations That May Release Information**

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords
- Providers of:
  - Alimony
  - Child Care
  - Child Support
  - Credit
  - Handicapped Assistance
  - Medical Care
  - Pensions/Annuities
  - Schools and Colleges
  - U. S. Social Security Administration
  - U. S. Department of Veterans Affairs
  - Utility Companies
  - Welfare Agencies

**Conditions**

I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

_____ Signature, of the Head of Household	_____ Date
_____ Print, Name of Head of Household	
_____ Signature, Spouse/Co-Head	_____ Date
_____ Print, Name of Spouse/Co-Head	

_____ Signature, Other Adult Member of the Household	_____ Date
_____ Print, Name of Other Adult Member of the Household	
_____ Signature, Other Adult Member of the Household	_____ Date
_____ Print, Name of Other Adult Member of the Household	