

METROPOLITAN DEVELOPMENT AND HOUSING AGENCY
Interim Redetermination Change

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

Address: _____ Phone (home): _____

Phone (other): _____

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: _____

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