



Longmont Housing Authority

350 Kimbark Street, Longmont, CO 80501

Phone: (303) 651-8581 | Email: lhainfo@longmontcolorado.gov

INTERIM CHANGE
(Income/Family Members Change)

Date: _____

Head of Household: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Please Check for Reasons of your change

- Increase of Income Decrease of Income
- Adding Family Member Removing Family Member
- Child Care Expense Medical Expenses
- Other (Please Specify): _____

Complete Applicable Section(s) from checked reason(s) listed above.
N/A Sections that Do Not Apply

INCREASE OF INCOME

Note: Employment Verification form **must** be attached

Person with Income:	Income Type:
Employer's Name (if applicable)	Employer's Email and/or Fax Number:

DECREASE OF INCOME

Note: Employer Verification form **must** be attached

Person with Decreased Income:	Income Type:
Employer's Name (if applicable)	Employer's Email and/or Fax Number:

CONTINUED ON BACK





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ADD/REMOVE HOUSEHOLD MEMBER(S)

Note: *Adults may not move in until they are approved by both your Landlord and Longmont Housing Authority. Verifications must include Picture ID, birth certificate, social security card, Landlord approval letter, and income verification (if any)*

Add Remove

Proposed Date of Change: _____

Name of Member: _____

Relationship to Head of Household: _____

Does this person have income: Yes No (If yes, complete **Increase of Income**)

Add Remove

Proposed Date of Change: _____

Name of Member: _____

Relationship to Head of Household: _____

Does this person have income: Yes No (If yes, complete **Increase of Income**)

CHILD CARE EXPENSES CHANGE

Note: *Child Care Verification form must be attached or CCAP Award Letter*

Name of Child:	Payment Amount:
Provider Name:	Provider Phone Number/Address:

TENANT CERTIFICATION

I, _____ certify this information to be true, complete, and accurate. I acknowledge that falsifying or manipulating information may result in termination from the Housing Choice Voucher Program. I understand all changes to my household composition, income or other circumstances which may occur after I complete this form must be reported in writing to Longmont Housing Authority within ten (10) days of the change.

Head of Household Signature

Date

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING A FALSE OR FRAUDULENT STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

