



82 Lincoln Street
Newton Highlands, MA 02461

Change in Family's Circumstances/Request for Interim Reexamination Form

The following information is needed only if there has been a change in your family composition. It is your responsibility to report all changes in family size and income to Newton Housing Authority (NHA), in writing, within ten (7) business days of the date the change occurred (note: *NHA will follow up with your submission if additional information is required due to a change in income*). Failure to do so may result in termination of housing assistance. If any overpayments of Housing Assistance Payments made on your behalf by NHA because a change was not reported in time, you will be required to reimburse NHA per a repayment agreement.

Per NHA's Administrative Plan, please note that a delay in providing the information to NHA may cause rent increases to be retroactive and decreases delayed.

Return the completed form and all back-up paperwork by mail to 82 Lincoln Street, Newton Highlands, MA 02461. You may also submit the completed form and back-up paperwork by email to your assigned Coordinator.

PLEASE PRINT CLEARLY

Date of Submission: _____

Head of Household Name: _____ SSN: _____

Current Address: _____

Phone Number: _____ Email: _____

Check the box that applies to your Interim Reexamination

☐ INCOME CHANGE

- ☐ **Termination/resignation** – provide letter from employer stating date of termination/resignation
- ☐ **Decrease/Increase of income for Wages** – provide a month's worth of most recent paystubs
- ☐ **Decrease/Increase of income for General Assistance** – provide updated award letter
- ☐ **Decrease/Increase of income for Pensions, etc** – provide updated benefit letter
- ☐ **Zero Income** – provide complete Zero Income Form

Household Member	Source of Income (SSI, TANF, SSP, Job, Child Support, etc.)	Start or End Date of Income	Monthly Gross Amount	Employer Name (if applicable)

☐ **FAMILY COMPOSITION CHANGE**

- ☐ **Adding Person to Household** – NHA must approve all members added, please contact the Leased Housing Department for additional materials
- ☐ **Removing Person from Household** – provide evidence of household member’s new address

Household Member	Date of Birth	SSN	Relation to Head of Household	Add or Remove

Please explain why the household member is moving out:

I do hereby make oath and swear and attest under penalty of perjury, that I have read the foregoing Change of Circumstances/Request for Interim Reexamination Form and that all of the above facts and statements are true and correct. I understand that misrepresentation or false information will be grounds for termination from the Section 8 Housing Choice Voucher Program.

Head of Household Signature: _____ **Date:** _____

Head of Household Printed Name: _____

Household Member Signature: _____ **Date:** _____

(if change does not apply to Head of Head of Household)

Household Member Printed Name: _____

If you are disabled and need a reasonable accommodation, please contact the Leased Housing Department at (617) 552-5501 in order to make this request.