



## REQUEST FOR INTERIM RECERTIFICATION

Participant Name:		Address of Unit:	
Entity ID:	Telephone Number:	Email:	

As a Participant in the MHA Housing Choice Voucher (HCV) Program, you have the right to request an interim re-examination appointment due to a change in income or household composition or to request the addition of a Live-In Aide. Please indicate below the reason for your request (check all that applies):

- Change in Income
  - Increase     Decrease
- Change in Household Composition
  - Reduction in household member
  - Addition of a family member due to marriage, birth, adoption or court-awarded custody
- Request Addition of a Live-In Aide
- Other: \_\_\_\_\_

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

Income Increase or Decrease. List all changes to household income:		
Previous Income Source and Amount	Current Income Source and Amount	Temporary or Permanent Change?

If you are reporting or requesting a change in household composition, please provide the family member name(s) and information below. Please note that any addition to the household that is not due to marriage, birth, adoption or court awarded custody will not increase your voucher size.

Family Composition Change. List all family members requested to be added or removed.					
Name:	Soc. Sec. Number:	Sex:			Live-in Aide?
Relationship to Head of Household:	Birth date:	Moving In or Out?		Date of Move:	
Name:	Soc. Sec. Number:	Sex:			Live-in Aide?
Relationship to Head of Household:	Birth date:	Moving In or Out?		Date of Move:	

**I hereby certify that the above information is true and correct to the best of my knowledge.**

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

