



**ST. PETERSBURG  
HOUSING AUTHORITY**

**INTERIM CHANGE FORM**

Dear Client:

The following information is needed ONLY if there has been a change in your address, family composition, income, current housing or living arrangements. If you are a current Section 8 participant, **it is your responsibility to report all changes in family size and income to the Housing Authority, in writing, within ten (10) days of the date the change occurred**, according to your Housing Voucher and St. Petersburg Housing Authority's Administration Plan. Failure to do so could result in the termination of your Section 8 assistance. If the information has not been reported timely, an overpayment may have occurred and you may be required to reimburse the Housing Authority.

**PLEASE PRINT and complete entire form (front and back).**

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**\*Note: If your income has decreased and you fail to provide verification to support the change, the adjustment of your rent will be made for the following month after the proper verification is received.**

**Check the box that applies to your Interim Change**

**INCOME (Please check a box and explain your change below)**

- New job     Loss of job     More hours     Less Hours     Increase in pay
- Decrease in pay     Unemployment     Child Support     SSI/Social Security

**Name of Person Employed:** \_\_\_\_\_

**Current/New employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Start date: \_\_\_\_\_

Rate of pay: \$ \_\_\_\_\_ (hourly) Hours per week: \_\_\_\_\_

**Former employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Last date of work: \_\_\_\_\_

**Other changes: (please explain and provide verification)**

\_\_\_\_\_

**IF YOU ARE REPORTING ZERO INCOME, YOU MUST COMPLETE THE NO  
INCOME STATEMENT AND WORKSHEET.**

*Please request these forms from the Customer Service Representative.*

2001 Gandy Blvd. North, St. Petersburg, FL 33702

Phone: (727) 323-3171 • Fax: (727) 328-6699 • TDD: 1 (800) 955-8770 • TTY: 1 (800) 955-8771

**CHILD CARE** (Please check a box and explain your change below)

- New childcare provider     No longer have childcare     Increase/decrease in fees

Childcare provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Amount you pay: \_\_\_\_\_ Do you pay:  Weekly     Bi-weekly     Monthly

**HOUSEHOLD COMPOSITION** (Please check a box and explain your change below)

- Add member     Remove member

Name	Relationship	Sex	Age	Social Security Number	Date of Birth

If you are removing a family member from your household, please indicate the reason why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***SPHA and the landlord must approve all additions to your household PRIOR to them moving in. You must also provide SPHA with a Social Security card and Birth Certificate before they will be added to your household.***

**WARNING:**  
Section 1001 of Title XVII of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

**I certify that the above information is correct and I understand that any misrepresentation will be grounds for denial or termination with the Section 8 Housing Voucher Program or Public Housing Program.**

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

**(PLEASE SIGN ATTACHED AUTHORIZATION FOR RELEASE OF INFORMATION)**



This request may be faxed back to:  
(727) 328-6699  
Attn: Housing Specialist

**EMPLOYMENT VERIFICATION**

October 11, 2018

**RE:**  
**Social Security Number:**

***This form MUST be completed by the employer!***

The St. Petersburg Housing Authority (SPHA) is required by law to verify the income of all tenants requesting housing assistance. This information will be utilized for the expressed and sole purpose of determining eligibility for such assistance. The referenced individual has indicated that he/she is employed by your company; therefore, we are requesting that the information below be furnished to this office, to my attention, as promptly as possible.

Sincerely,  
«Staff\_Name»  
Housing Specialist  
By signing below, I hereby authorize the release of my employment information to SPHA.

\_\_\_\_\_  
**Tenant Signature** \_\_\_\_\_ **Date**

Date Employment Began: \_\_\_\_\_ Job Classification: \_\_\_\_\_  
 Average Hours Per Week: \_\_\_\_\_ Number of Days: \_\_\_\_\_  
 Rate of Pay: Hourly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_  
 Average Overtime Hours per Week: \_\_\_\_\_ Overtime Rate of Pay: \_\_\_\_\_

**PAID: Please check one**    **Weekly** \_\_\_\_\_    **Bi-Weekly** \_\_\_\_\_    **Semi-Monthly** \_\_\_\_\_

**List the GROSS amounts and dates of checks that were paid for the last EIGHT (8) weeks:**

**If Paid Weekly:**

Date	Gross Pay

**If Paid Bi-Weekly or Semi-Monthly:**

Date	Gross Pay

What is the Year to Date Income: \$ \_\_\_\_\_

**If no longer employed: Date of Last Day worked:** \_\_\_\_\_ **Date last check received:** \_\_\_\_\_

Was termination of employment voluntary\_\_ involuntary\_\_?

Reason for termination \_\_\_\_\_

Company Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

By (Name): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_