



4780 North State Road 7, Lauderdale Lakes, Florida 33319 • (954) 739-1114 • Fax (954) 497-4178 • TRS/Florida Relay Service 711 • www.bchaf.org

## Interim Change Request

Note: Changes cannot be processed until this form and all required information are received.

My circumstances have changed for the following reasons (Check and complete all that apply):

- \_\_\_\_\_ My household is receiving new income from: \_\_\_\_\_  
Provide address and phone number of income source: \_\_\_\_\_
- \_\_\_\_\_ My household has lost income from: \_\_\_\_\_  
Has your household received any new income in addition to this loss? \_\_\_\_\_  
If yes, what new income are you receiving? \_\_\_\_\_
- \_\_\_\_\_ My household has experienced an addition due to birth, adoption, or court awarded custody. List new member (s): \_\_\_\_\_
- \_\_\_\_\_ My household is requesting to add another adult member to the household: \_\_\_\_\_
- \_\_\_\_\_ My household requires a live in aide: \_\_\_\_\_
- \_\_\_\_\_ A member no longer lives in my household: \_\_\_\_\_
- \_\_\_\_\_ Disabled/elderly households ONLY: The household has begun paying or has experienced an increase in medical expenses or has begun paying Disability Assistance in order to allow a member to work.
- \_\_\_\_\_ Other (specify) : \_\_\_\_\_

I/We certify that the household has reported all applicable changes in effect at this time. Penalties for misusing this form: Section 1001, Title 18, USC., "Fraud and False statements", provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement, or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined, imprisoned, or both.

Head of Household signature	Date	Telephone number	
Adult Member signature	Date	Adult Member signature	Date
Adult Member signature	Date	Occupancy Specialist signature	Date