



Serving elderly, disabled & low income citizens of
 Bristol and Sullivan County, Tennessee
 204 Bluff City Hwy. • Bristol, TN 37620-4215

Interim Change Declaration

Addition of a Household Member

Addition of Income

Removal of a Household Member

Loss of Income

The form must be fully completed with required documentation or your request will be denied. Contact your Bristol Housing Rental Assistance Specialist with questions about this form, or visit the Bristol Housing office on an open office date.

Date: _____ Head of Household Name: _____

Address (inc.apt. #): _____

Home/Message Phone: _____ Cell : _____ Email: _____

Please fully complete the section below that applies to your change (reduction or addition):

REDUCTION IN HOUSEHOLD

A household member has moved out of the household and has been gone at least 30 days. I am requesting to remove this person from the assisted household.

Name of Person to be removed: _____

Where did s/he move? _____

Provide verification of the reason for removal:

- A family member moved out of the household: provide lease/utility bill at new unit/ copy of id with new address.
- A family member is deceased: copy of obituary or death certificate.
- I do not have verification of the reason (explain why): _____

ADDITION TO THE HOUSEHOLD

I am requesting to add a new person(s) to my household.

NAME of NEW MEMBER	U.S. Citizen (Yes/No)	Disabled (Yes/No)	Date of Birth	Relationship to the Head of Household (child, friend, etc)

The person is a(n):

ADULT

Family MUST complete this form AND visit the Bristol Housing office with the New Adult Member on an open office day prior to the individual moving in. The following documents are required for Bristol Housing to approve addition.

- Letter of approval from the landlord to add the new adult that is signed and dated by both parties. An updated and initialed copy of the lease may be submitted instead of a letter.
- Proof of identity: Copy of birth documentation/certificate; ORIGINAL social security card.
- New member will receive and sign other required paperwork when visiting THDA office.
- Complete criminal background questions below. An authorization to conduct a criminal background check will be signed at Bristol Housing's office.

Has new member been arrested for, charged with, or convicted of drug-related criminal activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has new member been arrested for, charged with, or convicted of violent criminal activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has new member been arrested for, charged with, or convicted of possession, manufacture, or distribution of a controlled substance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has new member been arrested for, charged with, or convicted of any crime other than a minor traffic violation?	<input type="checkbox"/> YES <input type="checkbox"/> NO

CHILD- Check the appropriate box below and provide the required documents. For children, you may elect to mail documents, but please be aware that we must view/copy the ORIGINAL social security card. If you mail the documents, we will make every attempt to return them to you but are not responsible for lost or stolen information.

BIRTH, ADOPTED OR COURT AWARDED CUSTODIAL CHILD

- Copy of birth documentation/certificate; original social security card (cannot accept a copy); citizenship declaration form (signed by responsible adult declaring citizenship)
- Verification of Adoption or Court Awarded custody (if applicable)
- Income verification for any income received by or on behalf of the child (see below)

CHILD, NO HOUSEHOLD MEMBER HAS LEGAL GUARDIANSHIP/CUSTODY

- Copy of birth documentation/certificate; original social security card (cannot accept a copy); citizenship declaration form (signed by responsible adult declaring citizenship)
- Original form, Power of Attorney for Care of a Non-Custodial Child (TCA 34-6-301), signed by custodial parent and notarized
- Income verification for any income received by or on behalf of the child (see below)

INCOME/ASSET INFORMATION

1. Does the New Member have income or assets (checking, savings account, 401K, etc) or will income be received on behalf of a child added to the household? Yes No

2. Do you have other new income sources to report at this time? Yes No

3. If Yes, list the type/source and monthly amount of EACH new income source below **AND attach verification of the income source (pay stubs, social security benefit letter, most recent checking or savings statement):**

<i>New Member Name</i>	<i>Type/Source of Income (i.e. wages, SSI, TANF)/ Assets (checking, savings)</i>	<i>Monthly Amount</i>

4. Do you have other income decreases to report at this time? Yes No

Explain:

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

CERTIFICATION

I, hereby, swear and attest that all of the above information is true and complete. I understand that rental assistance may be terminated for the entire household if any member fails to supply true and complete information. For newly added adult household members, you are also certifying by signing below that you received a copy of the Grounds for Denial/Termination/Family Obligations form.

Signature of Head of Household Date

Date

Signature of New Adult Member (if applicable)

Date