

HOUSING AUTHORITY OF THE COUNTY OF KERN

INTERIM RE-EXAMINATION

This form is not applicable to families under the stepped rent policy.

Please print all information

Participant/Resident Name: _____ Last 4 of SSN: _____

Address: _____

Phone Number: _____ Email: _____

Income Change: Fill in all that have changed. Do not write in anything that has NOT changed.

Member's Name: _____ Last 4 of SSN: _____				Member's Name: _____ Last 4 of SSN: _____			
Source	Amount	Start Date	Stop Date	Source	Amount	Start Date	Stop Date
<input type="checkbox"/> TANF: Case #: _____				<input type="checkbox"/> TANF: Case #: _____			
<input type="checkbox"/> Social Security				<input type="checkbox"/> Social Security			
<input type="checkbox"/> Unemployment				<input type="checkbox"/> Unemployment			
<input type="checkbox"/> Child Support Case #: _____				<input type="checkbox"/> Child Support Case #: _____			
<input type="checkbox"/> Other Income* What: _____				<input type="checkbox"/> Other Income* What: _____			
*If Other Income is wages, complete below <input type="checkbox"/> Employment <input type="checkbox"/> New Job <input type="checkbox"/> Terminated <input type="checkbox"/> _____ Wages: \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month Average hours per week: _____ Employer's Name and Address: _____ _____				*If Other Income is wages, complete below <input type="checkbox"/> Employment <input type="checkbox"/> New Job <input type="checkbox"/> Terminated <input type="checkbox"/> _____ Wages: \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month Average hours per week: _____ Employer's Name and Address: _____ _____			
Employer's Phone: _____ Fax: _____				Employer's Phone: _____ Fax: _____			

Family Composition: If adding, you must attach copy of birth certificate(s) and Social Security card(s)

Add	Delete	Name	Date of Birth	Social Security #	Relationship
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

Child Care

Provider: _____ Phone: _____

Address: _____ You Pay \$ _____ Per _____

Does DHS Help? Yes No

Participant Certification

I certify that the information given to the Housing Authority of the County of Kern on this form is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

