



SECTION 8 HOUSING

INTERIM RE-EXAMINATION REQUEST

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Head of Household)

Address: \_\_\_\_\_  
 (Street) (Apt. #/Unit) (City) (State) (ZIP Code)

Phone: \_\_\_\_\_

As a Participant in the Isothermal Planning and Development Commission's (IPDC's) Housing Choice Voucher (HCV) Program, you have the right to request an interim re-examination due to a change in income or household composition. Please indicate below the reason for your request (check all that apply):

A. Change in Income (check one):  Increase  Decrease  No Change (FSS only)

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

| Family Member Name | Name of Source | Previous Amount | Current Amount |
|--------------------|----------------|-----------------|----------------|
|                    |                |                 |                |
|                    |                |                 |                |

B. Change in Expenses (check one):  Increase  Decrease  No Change (FSS only)

Expense Type:  Medical  Child Care  Disability

C. Change in Household Composition - Please note that any addition to the household that is not due to birth, adoption or court-awarded custody *must be approved by IPDC prior to the household member moving in to the unit.*

If you are reporting or requesting a change in your household, please provide the information below.

| Family Member Name | Relationship | Add or Remove |
|--------------------|--------------|---------------|
|                    |              |               |
|                    |              |               |

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

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

**PENALTIES FOR MISUSING THIS FORM:** Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. Eff. 1 1 2019: Interim

| For Active Tenants with last names starting with the letters: | [ ]   | [ ]                 |  |
|---|---|---------------------|--|
|   | Name/Title                                      | Direct Phone Number | Email  |
| <b>A to G</b>   | <b>Becky McKelvey</b><br>Lead Housing Counselor | 828-351-2329        | <a href="mailto:RMcKelvey@foothillsregion.org">RMcKelvey@foothillsregion.org</a> |
| <b>H to Oates</b>   | <b>Jennifer Fox</b><br>Housing Counselor        | 828-351-2343        | <a href="mailto:jfox@foothillsregion.org">jfox@foothillsregion.org</a>           |
| <b>Odom to Z</b>  | <b>Sharanda Brown</b><br>Lead Housing Counselor | 828-351-2334        | <a href="mailto:sbrown@foothillsregion.org">sbrown@foothillsregion.org</a>       |

If you are on the Family Self-Sufficiency Program (FSS) please send this form to: [tphillips@foothillsregion.org](mailto:tphillips@foothillsregion.org)