

Kendall Jones Dr. James Moran Cassandra Brown Rev. Julius McAllister Courtney Atkins Walter Kelly Brenda Williams
Chairman Vice Chairman Commissioner Commissioner Commissioner Commissioner Executive Director

REQUEST FOR INTERIM RECERTIFICATION

Participant Name:		Address of Unit:	
Entity ID:	Telephone Number:	Email:	

As a Participant in the Tallahassee Housing Authority Housing Choice Voucher (HCV) Program, you have the right to request an interim re-examination appointment due to a change in income or household composition. Please indicate below the reason for your request (check all that applies):

- Change in Income**
 - Increase Decrease
- Change in Household Composition**
 - Reduction in household member
 - Addition of a family member due to birth, marriage, adoption or court custody
- Other: _____

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

Income Increase or Decrease. List all changes to household income:		
Previous Income Source and Amount	Current Income Source and Amount	Temporary or Permanent Change?

If you are reporting or requesting a **change in household composition**, provide the family member name(s) and information below. Any additions to the household that is not due to birth, adoption or court awarded custody must be approved by Tallahassee Housing Authority Housing Choice Voucher (HCV) Program and the landlord prior to moving in to the unit.

Family Composition Change. List all family members requested to be added or removed.					
Name:	Soc. Sec. Number:	Sex:	Race:	Ethnicity:	Elderly and/or Disabled?
Relationship to Head of Household:	Birth date:	Moving In or Out?		Live-in Aide?	
Name:	Soc. Sec. Number:	Sex:	Race:	Ethnicity:	Elderly and/or Disabled?
Relationship to Head of Household:	Birth date:	Moving In or Out?		Live-in Aide?	

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

Signature of Head of Household: _____ Date: _____

If you need this document in a different language or **LARGER FONT** or if you need a reasonable accommodation (persons with disabilities), please call 850-385-6126; TDD/TTY 1-800-955-8771, between 8:00am and 5:00pm, Monday through Friday. Advance notice of five (5) business days is required in order to arrange for interpreter services.

