

The Housing Authority of the County of Cook 175 West Jackson Boulevard, Suite 350 Chicago, Illinois 60604 (312) 663-5447 www.thehacc.org

Interim Adjustment Request

| Name | | | - | | Client ID | |
|-----------------------------|---------------|------------------|---------------|--------------|------------------|------------------|
| Address | | | | | | |
| City/State/Zip | | | | | | |
| Phone & email | | | | | | |
| would like to repo | ort the follo | owing ch | nange (see po | age 2 for do | ocumento | ation required): |
| New and/or inc | roasod in | como in | the househo | ٦ | | |
| Family Membe | | come in | THE HOUSEHO | <u>u</u> | | |
| Income Source | | | | | | |
| Start date | | | | Amount pe | er month | |
| Name, Address | | | | 7 (1100111 p | 01 111011111 | |
| of income source | | | | | | |
| | | | | | | |
| Lost and/or red | uced inco | me in th | ne household | | | |
| Family Membe | r | | | | | |
| Income Source | | | | | | |
| End date | | Amount per month | | | | |
| Name, Address | | | | | | |
| of income source | | | | | | |
| | aala ar (a) | | | | | |
| Add family member (s) Name | | Relationship | | | Date to be added | |
| Nume | | | Keidi | ionsinp | • | Jule 10 De duded |
| | | | | | | |
| | | | | | | |
| Remove family | member(: | s) | | | | |
| Name | | Relationship | | | Date moved out | |
| | | | | | | |
| | | | | | | |
| | | | <u> </u> | | | |
| Other: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Signature | | | | | Do | ate |
| 01911010 | | | | | | |

- I understand that the HACC cannot process adjustments to my rent portion until the change I am reporting is verified.
- I understand that I am responsible to submit the documentation to verify the change as outlined on page 2.

Change in Family Member(s)

| Add a Family Member | Remove a Family Member | | | |
|------------------------------------|--|--|--|--|
| Birth certificate | Out of Household form | | | |
| Social Security Card | Documentation of the new residence for the member who moved: | | | |
| Declaration of Citizenship form | Current government issued photo ID with current address | | | |
| Foster care placement/guardianship | Current utility bill | | | |
| Marriage license | Voter registration card | | | |

Documentation for Income Changes

| | nentation for Income Changes |
|---|--|
| Type of Income | Documentation |
| Income from employment, including wages, salary, commissions, fees, tips, bonuses or similar income | Check stubs (6 current or all from hire date if have less than 6), employer offer letter, payroll printout, letter from employer with pay rate, frequency of payment; or similar documentation If no longer employed: termination notice, separation letter, resignation letter or similar documentation. |
| Income in lieu of earnings, such as unemployment, disability payments, workmen's compensation, severance pay or similar income | Statement of payments from source, with pay rate and frequency of payment. If no longer receiving payment, statement from source with date payment stopped or similar documentation. |
| Income from a business or as a contractor, including odd jobs, babysitting, doing hair, tax preparation, catering, driving for a ride share program or similar income | Business ledger, earnings and expense statement, statement of earnings from company or similar documentation. If no longer receiving business/contractor income, statement of last day of business or statement from company of last day or similar documentation. |
| Periodic payments from Social Security Administration, pension, retirement fund, disability or death benefits, annuity, insurance policy payments or similar income | Award letter from source with pay amount and frequency or similar documentation. If no longer receiving payment, statement from source with date of last payment or similar documentation. |
| Child support (court-ordered or voluntary), alimony, including back pay for unpaid child support or alimony or similar income | Court-order, printout from child support disbursement unit, divorce decree, written statement from ex-spouse and/or absentee parent with support amount and frequency or similar documentation. If no longer receiving payment, statement from source with date of last payment or similar documentation. |
| Welfare income through Temporary Assistance for Needy Families (TANF) or other welfare income (excluding food stamps) | Award letter from public aid with monthly benefit amount and type or similar documentation. If no longer receiving, statement from public aid with date of last payment or similar documentation. |
| Military pay, including regular pay, special pay and allowances for a member of the armed services | Military pay stubs or statement from Department of Offense with pay rate and frequency or similar documentation. If no longer receiving, DD214 showing date of discharge. |
| Financial assistance, including student loans, grants, scholarships, that exceed the tuition cost of higher education or work study jobs | Statement from school with financial assistance, check stubs from work study job, loan documents or similar documentation. |
| Adoption assistance, guardianship payments (excluding foster care) | Check stubs, statement from agency of pay rate and frequency or similar documentation. If no longer receiving, statement from agency with date of last payment or similar documentation. |
| Veterans benefits of any kind | Veterans Affairs statement of pay rate and frequency or similar documentation. If no longer receiving, statement from Veterans Affairs with date of last payment or similar documentation. |
| Regular contributions or gifts from persons not living in the unit or agencies | Statement from person and/or agency contributing to your household with the amount they give per month or similar documentation. If no longer receiving, statement from person and/or agency contributing to your household with the date of the last contribution or similar documentation |