



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 – COVID-19

Head of household		Client ID	
Address			
City/State/Zip			
Phone & email			

Use this form ONLY to report changes in employment and/or business income directly related to the COVID-19 pandemic. For all other changes, please use the Interim Adjustment Request form or send an email, a fax or a letter directly to your Housing Specialist.

Family Member			
Income Source	<input type="checkbox"/> employment <input type="checkbox"/> business (including ride share, gig work)		
First day worked		Last day worked	
Name, Address of income source			
Have you stopped working completely?	<input type="checkbox"/> reduced work <input type="checkbox"/> stopped working		
Will you receive any income from this employer while you are not working?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you expect to return to this job?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you expect to get unemployment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you plan to find other employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

- I certify that the above information is true and complete.
- I understand that I must report to the HACC when I return to work, at the same job or at a new job or contract business, including ride-share, delivery service or other gig work.
- I understand that I must report to the HACC if I begin to receive unemployment benefits from the Illinois Department of Employment Security or any other unemployment benefits program.
- I understand that I must all other changes in income to the HACC within 30 days.

\_\_\_\_\_  
 Signature of Head of Household

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of member with lost income

\_\_\_\_\_  
 Date

Please attach any notices from your employer about the lack of work or reduced work, including any compensation you may receive during your time off.

Please complete one form for each member with lost or reduced income.