

**MEDFORD HOUSING AUTHORITY**  
**121 RIVERSIDE AVENUE**  
**MEDFORD, MASSACHUSETTS 02155**



**Interim Change Request**

**Please complete and return this form to your Leased Housing Coordinator. Further documentation may be required to process your request. No changes will be made if verification is not provided. Please contact your Leased Housing Coordinator prior to submitting request and documentation.**

Head of Household:	Date:
Address:	City: State/ Zip Code:
Phone number:	Email:

**Income Change:**

**I am reporting an income Increase.**

**Verification of new income is attached.**

- **Paystubs (four consecutive paystubs for weekly pay), two consecutive paystubs (bi-weekly), for other non- wages income verification of new income.**
- **Verification must include effective date of change.**

Household Member:	Date of change:
Name and address of new income source:	
Amount:	Frequency:

**I am reporting an income decrease.**

**Verification of loss of income is attached.**

- **Letter from income source showing change and effective date.**
- **Zero-income form if loss of income resulted in zero income (please request form).**

Household Member:	Date of change:
Name and address of loss of income source:	
Amount:	Frequency:

**Household Composition Change:**

I would like to add a household member. Verification to add a household member is attached.

**Under 18:**

- Birth certificate and social security card.
- Court awarded custody (unless change is an addition by birth).
- Landlord approval form, (unless change is an addition by birth).

**Over 18:**

- Birth Certificate, Social Security Card, Valid ID, CORI form (please request form),
- Landlord approval form (please request form),
- Other adult packet (please request),
- Declaration of Citizenship (If applicable, please request)
- Proof of income: Paystubs (four consecutive paystubs for weekly pay), two consecutive paystubs (bi-weekly), for other non- wages income please provide income verification letter.
- Proof of Assets (recent 30-day bank statement).

First Name:	Last Name:	DOB:	
Sex: M/F	Social Security #:	US Citizen: Y/N	
Current address:	City:	State / Zip Code:	
Disabled: Y/N	Fulltime student: Y/N	Race:	Ethnicity:
Name and address of source of income:	Amount:	Frequency:	
Assets Type:	Name of financial Institution:		
Amount:			

I would like to remove a household member. Verification to remove a household member is attached. One of the following forms must be submitted.

**Under 18:**

- Court document verifying who has custody of the child/children.
- A letter from a social service agency (Department of Children and Families) stating status of the child/children.

**Over 18:**

- Copy of a lease, or a utility bill showing new address.
- Change of address form from the United States Postal Services.

First name:	Last name:	DOB:
Reason for removal:	Effective date:	
New Address:	City:	State/ Zip Code:

I do hereby swear and attest that all the information provided on this form is true and accurate to the best of my knowledge and belief. I understand that giving false statements or information can be grounds for punishment under federal and state laws. I also understand that giving false statements or information or failing to provide complete information can be grounds for termination of housing assistance.

\_\_\_\_\_  
Signature and Date of Head of Household

\_\_\_\_\_  
Signature and Date of Household member over 18



EQUAL HOUSING OPPORTUNITY