

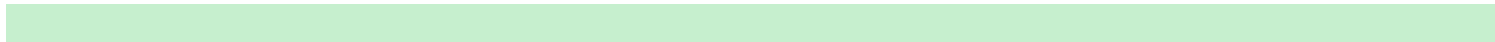
## Interim Recertification Worksheet

Form O

*Must be completed if household income, residency, and/or composition have changed & the household will remain in the program.*

**Client Name and/or ID Number:** \_\_\_\_\_

**Housing Case Manager Name:** \_\_\_\_\_



- 1 Has the household experienced a change in income of \$200 or more per month? \_\_\_\_\_
- 2 Has the household requested an interim recertification for a change in income? \_\_\_\_\_
  - a If "yes" to either, date of change: \_\_\_\_\_
  - b If "yes" to either, did household annual gross income increase, decrease, or stay the same overall? \_\_\_\_\_
  - c If "yes" to either, is household annual gross income still under 80% of AMI per their county of residence? \_\_\_\_\_

Household Member	Income Source	Pay Frequency	New Annual Income

*Attach documentation of the change in income (documentation must be complete and cover the 30 days preceding the interim recertification date). If household annual gross income exceeds 80 percent of AMI, the household is no longer eligible for the program. Complete and attach Form I for TBRA or TSH households and Form C for all households.*

### Change in Household Residency

- 3 Has the household experienced a change in residency? \_\_\_\_\_
  - a If "yes," date of change: \_\_\_\_\_
  - b If "yes," is household annual gross income still under 80% of AMI per their county of residence? \_\_\_\_\_
  - c If "yes," does the household still reside in the provider's Service Delivery Area (SDA)? \_\_\_\_\_

New Physical Address

*Attach documentation of the change in residency (documentation must be current as of the interim recertification date). If the household is outside of the provider's SDA, program services will end immediately and the household may seek services from the provider in their new SDA. If household annual gross income exceeds 80% of AMI, the household is no longer eligible for the program. Complete and attach Forms H and I for TBRA or TSH households and Forms C and G for all households.*

### Change in Household Composition

- 4 Has the household experienced a change in composition? \_\_\_\_\_
  - a If "yes," date of change: \_\_\_\_\_
  - b If "yes," did the number of household members increase, decrease, or stay the same overall? \_\_\_\_\_
  - c If "yes," is household annual gross income still under 80% of AMI per their county of residence? \_\_\_\_\_
  - d If "yes," does the household still include an eligible individual? \_\_\_\_\_
    - i If "no," does the household qualify for the provider's grace period? \_\_\_\_\_

# Interim Recertification Worksheet

Form O

Household Member

New Membership Status

Household Member	New Membership Status

*Attach eligibility documents for all new household members 18 years of age and older. If the household does not include an eligible individual, the household is no longer eligible for the program unless the household qualifies for the provider's grace period. If household annual gross income exceeds 80% of AMI, the household is no longer eligible for the program. Complete and attach Forms H and I for TBRA or TSH households and Forms C and E: Additional Beneficiaries data for all households.*

**I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the Program and may be grounds for termination of assistance. It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act.**

Household Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_