



RICHLAND COUNTY HOUSING AUTHORITY

290 W. Union St. – Richland Center, WI 53581
Telephone (608) 647-3214 – Fax (608) 647-8455
rcha@richlandhousing.org

SECTION 8 HOUSING CHOICE VOUCHER INTERIM REPORTING FORM

Name: _____ Date: _____

Address: _____ Phone: _____

I am reporting: Increase of Income Decrease of Income Change in Family Size Other: _____

Please complete any sections of this form which apply to your situation and return it to our office within 10 days of the change occurring. We will review and verify all information reported and if a change in your portion of the rent is indicated, we will notify you of the change and mail you the certification to sign. Remember the following when reporting:

1. Report **all** income, assets, and expenses – Not just the change
2. Report **everything** – not just the obvious, such as employment – Including W2 (formerly AFDC), social security, SSI, unemployment, workers’ compensation, VA or private pensions, school grants (not loans), lump sum payments, asset income, lottery winnings, real estate, etc.

INCOME:

Person Receiving	Source – From Where?	Hours per Week and Rate per Hour or Monthly Amount	Date Began (for Increase)	Dated Ended (for Decrease)

ASSETS:

In Who’s Name?	Source – From Where?	Money Invested	Rate of Interest	Date Invested (for Increase)	Date Acct. Closed (Decrease)

EXPENSES: Families: - Only child care out of pocket expenses are allowed
Elderly/Disabled – Medical Expenses, if applicable

Childcare: Tell us who you pay, how much you pay, for how many hours, how often and are you receiving State help, include address and phone number of provider:

Signature: _____ Date: _____