INTERIM RE-EXAMINATION REQUEST

I. REQUIREMENT In between Annual Reexaminations, families are required to report ALL changes (increases and decreases) in earned and unearned income, assets, expenses, full-time student status, and family circumstances within fifteen (15) calendar days of the date the change takes effect.

II. PROCESS To report changes, families **MUST** complete and return the Interim Re-examination Change Request form, along with documents that support the reported change(s).

III. SUPPORTING DOCUMENTS To be acceptable, any computer-generated document you submit to prove your change MUST show the date it was created or issued. The document must also be **dated within 120 days** of the date we receive your Interim Re-examination Change Request form. If your document(s) do not meet these criteria, you will be required to resubmit documents. Please be advised that the LACDA will not be returning any of the documents you submit.

For example, if you are reporting any of the following circumstances, you must include the following:

- ✓ **A reduction in work hours -** supply at least two (2) current and consecutive paystubs **or** a letter from employer.
- ✓ **Increase or loss of earned income -** supply at least two (2) current and consecutive paystubs that reflect the loss or increase. For termination of employment, you must supply a letter or termination from your employer.
- ✓ **Increase or loss of unearned income -** supply benefit letter or paystubs (such as Calworks, social security, etc.).
- ✓ **Full-time student status change -** supply a copy of the most current registration notice, fee statements, and/or any financial aid letters.
- ✓ **Requesting to add a minor -** supply a copy of birth certificate, adoption, or court-awarded custody and social security card.
- ✓ **Requesting to add an adult -** supply proof of marriage/marital type relationship to the Head of Household. If the addition is a result of the need for disability-related care, provide written proof from an appropriate diagnostician verifying the required disability-related care.
- ✓ **A household member moved out -** If known, supply the new address or a forwarding address. Be Advised: To re-admit the member back into the household, the member must meet the LACDA's Allowable Family Additions policy at the time of the request.

NOTE: Families are not permitted to move in a new person to the household without LACDA written approval. Moving in a new person into the household without LACDA approval is considered a violation and will lead to termination of housing assistance.

IV. SUBMISSION TO LACDA Requests may be sent:

Mail:	LACDA – Main Office PO Box 1503 Alhambra, CA 91802	LACDA – Antelope Valley Office 2323 E. Palmdale Blvd., STE. B Palmdale, CA 93550
Fax:	(626) 943-3850	(661) 266-1874

V. CONTINUE TO PAY THE SAME AMOUNT OF RENT Once LACDA receives all information that is necessary to process the change, you and the landlord will be notified of the new rent amounts, as well as the effective date of the change.

INTERIM RE-EXAMINATION REQUEST

Head of Household _____ **Tenant I.D #:** _____

Please indicate below the change(s) you are reporting (check all that apply):

☐ INCREASE IN INCOME ☐ DECREASE IN INCOME ☐ FAMILY CHANGES

I. CHANGE IN INCOME SOURCE

To report new or a change in Income, please provide the information below:

NAME OF FAMILY MEMBER REPORTING THE CHANGE	SOURCE OF INCOME	NEW AMOUNT	WEEKLY/ BI-WEEKLY/ SEMI-MONTHLY/MONTHLY	DATE CHANGE BECAME EFFECTIVE

TERMINATION OF EMPLOYMENT

If you are reporting a loss of employment, you must provide a letter or termination from the employer.
Have you filed for EDD Unemployment Benefits? ☐ Yes ☐ No If "no," please explain: _____

FULL-TIME STUDENT STATUS

Are you reporting a Full-Time Student Status change: ☐ No. ☐ Yes. If "Yes," Name of Student: _____

II. CHANGE IN FAMILY CIRCUMSTANCES

To report or requesting a change in your family household, complete the information below:

LEGAL NAME	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	ADD OR REMOVE	DATE MEMBER LEFT THE HOME
			☐ ADD ☐ REMOVE	
			☐ ADD ☐ REMOVE	

If known, provide the new address or a forwarding address for the family member being removed:

_____

III. USE THIS SECTION TO DESCRIBE OR CLARIFY YOUR INCOME, HOUSEHOLD CHANGES, OR TO PROVIDE ANY ADDITIONAL INFORMATION YOU NEED TO REPORT.

_____

_____

_____

_____

By signing below, I declare, under penalty of perjury, under the laws of the State of California (Section 118 of the California Penal Code and Section 11054 of the Welfare and Institutions Code) and under Title 18, Section 1001 of the United States Code which states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements or representations to any department of agency of the United States. In addition, making false statements is a felony under California State law (Section 115, 118, 487 and 532 of the California Penal Code) and may result in criminal charges including but not limited to: perjury, grand theft, filing false documents with a public office and obtaining money under false pretenses. I hereby certify that the forgoing is true and correct and any false statements are sufficient and good cause for termination of my housing assistance and may also subject me to further liability or actions.

Signature of Head of Household:_____ Date: _____