Housing Authority of the City of Jonesboro Georgia
P.O. Box 458
Jonesboro, Georgia 30237

JONESBORO HOUSING AUTHORITY
helping today for a better tomorrow

EQUAL HOUSING OPPORTUNITY

INCOME INTERIM RE-DETERMINATION

JHA wishes to inform you that if you report an Interim Change of Income that we will gladly make the appropriate adjustment in a timely manner, but we do require a minimum of (10) ten administrative working days to process your change. Please do not call to inquire about your rent until after (10) ten administrative working days have expired.

Caseworker: _____ **Date Submitted:** _____

Head of Household: _____ **Last 4 SS:** _____ **D.O.B.:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

INCOME CHANGES			Check all that apply				
FAMILY MEMBER NAME	TYPE OF INCOME	NAME OF EMPLOYER	ADDING	REMOVING	RATE CHANGE	START OR END DATE OF BENEFITS	INDICATE FREQUENCY OF PAY, WEEKLY, BI-WEEKLY MONTHLY, SEMI MONTHLY OR ANNUALLY

To complete interim request you must submit the following documentation:

Employment (attach 30 Day of Pay Stubs, Letter from Employer on Company Letterhead, or Letter of Separation)
Social Security or SSI (Attach Benefit Award Letter)
TANF (Attach Current Benefits Letter or Printout)
Child Support Contributions (Notarized Letter from Contributor)
Regular Contributions/Gifts (Attach Notarized Statement)
Disability/Workman's Compensation (Attach Letter)
Unemployment Benefits (Attach Benefit Award Letter)
Child Support Recovery (Attach 6 Month Printout)

CHILD CARE EXPENSES						
FAMILY MEMBER NAME	CHILD CARE PROVIDER	CHILD'S NAME	ADDING	REMOVING	PAYMENT AMOUNT	INDICATE FREQUENCY OF PAY, WEEKLY, BI-WEEKLY MONTHLY, SEMI MONTHLY OR ANNUALLY

Please submit CAPS Award Letter, Payment amounts on Company Letterhead, or Notarized Letter from Provider

Please list any other changes that are not listed:

_____

_____

_____

Please submit additional documents by: _____

This form has been fully explained to me and I certify that the above information is true to the best of my knowledge.

_____ _____ _____ _____

Tenant Signature **Date** **JHA Staff** **Date**