



## Interim Request

This form **MUST** come with the verification of the change.  
paystubs / employment letter / unemployment verification/ welfare statement/ SS SSI benefit letter/ child support statement/ etc.

Head of household: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Member name with change of income: \_\_\_\_\_

Complete the form and check where appropriate.

**I/We have NEW INCOME.**

Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of income: \_\_\_\_\_

Do you expect to receive any additional pay such as tips, bonuses, commissions, etc.? Yes /No

If yes, how much do you expect to receive over the next 12 months? \$ \_\_\_\_\_

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**There has been a CHANGE to an EXISTING INCOME:**

Date of change: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Source of income: \_\_\_\_\_

**The income from this source has increased.**

Reason for increase: \_\_\_\_\_

This increase is expected to continue through: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ OR No known end date

Do you expect to receive any additional pay such as tips, bonuses, commissions, etc.? Yes No

If yes, how much do you expect to receive over the next 12 months? \$ \_\_\_\_\_

**The income from this source has decreased.**

Reason for decrease: \_\_\_\_\_

This decrease is expected to continue through: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ OR No known end date

Is income expected to be partly or fully restored within 30 days from this request? Yes No

Do you expect to receive any additional pay such as tips, bonuses, commissions, etc.? Yes No

If yes, how much do you expect to receive over the next 12 months? \$ \_\_\_\_\_

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**Change in family composition: (Add/Remove family member)**

Unless BIRTH or DEATH, ask housing assistant for Add/Remove Form

-or-

go online to:

<https://www.newcastlede.gov/477/Tenant-Information>

Then go to the bottom of the page to Current Tenant Forms and click on "Add/Remove Family Member Application & Directions."

Resident Signature \_\_\_\_\_

Printed FULL name \_\_\_\_\_

Date \_\_\_\_\_