



Section 8 Housing

INTERIM-RE-EXAMINATION REQUEST

Name: _____ Date: _____
(Head of Household)

Address: _____
(Street) (Apt/Unit) (City) (State) (Zip)

Phone: _____

As a Participant in the Foothills Regional Commission Housing Choice Voucher (HCV) Program, you have the right to request an interim re-examination due to a change in income or household composition. Please indicate below the reason for your request (check all that apply):

A. Change in Income (check one) _____ Increase _____ Decrease _____ No Change (FSS only)

If you are reporting a change in income, please provide the family member name(s) and Employer information below:

Table with 5 columns: Family Member Name, Name of Source, Previous Amount, Current Amount, Date of Change

Current/Last Employer _____ Phone: _____

B. Change in Expenses (check one) _____ Increase _____ Decrease _____ No Change (FSS only)

Expense Type: _____ Medical _____ Child Care _____ Disability

C. Change in Household Composition- Please note that any addition to the household that is not due to birth, adoption or court-awarded custody must be approved by FRC prior to the household member moving in to the unit.

If you are reporting or requesting a change in your household, please provide the information below.

Table with 3 columns: Family Member Name, Relationship, Add or Remove

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature of Head of Household: _____ Date: _____

Penalties for Misusing This Form: Warning-Title18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States

Eff. 3.18.2022:Interim

FOOTHILLS REGIONAL COMMISSION HOUSING CHOICE VOUCHER PROGRAM OFFICE

LOCATION: Rutherford Office

111 W. Court Street, Rutherfordton, NC 28139

sbrown@frcnc.gov (A - D) gmcentire@frcnc.gov (E - Le) blytle@frcnc.gov (Li - Pe) knelson@frcnc.gov (Pi - Z)

If you are on the Family Self-Sufficiency Program (FSS) please send this form to: tphillips@frcnc.gov