

# INTERIM REEXAMINATION



Date \_\_\_\_\_

Phone Number \_\_\_\_\_

Head of Household Name \_\_\_\_\_

Address \_\_\_\_\_

## Change(s) to be reported

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on the type of change reported, the OCC Department will determine the documentation the family will be required to submit. The family must submit any required information or documents within ten (10) business days of receiving a request from the OCC Department.

\_\_\_\_\_  
Signature of Head of Household



**WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY WITHIN THE UNITED STATES.**

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↓ **FOR OFFICE USE ONLY** ↓

Date Received \_\_\_\_\_

Member Removed \_\_\_\_\_ Member Added \_\_\_\_\_

Adults \_\_\_\_\_ Children \_\_\_\_\_ Over-Housed \_\_\_\_\_ Under-Housed \_\_\_\_\_ Current Bed Size \_\_\_\_\_ Bed Size Needed \_\_\_\_\_

Income: \_\_\_\_\_

Current TTP \_\_\_\_\_

U/A \_\_\_\_\_

Rent \_\_\_\_\_

New TTP \_\_\_\_\_

U/A \_\_\_\_\_

Effective \_\_\_\_\_ Rent \_\_\_\_\_

HACH Staff \_\_\_\_\_

Date \_\_\_\_\_