



HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
MODIFIED INTERIM CERTIFIED STATEMENT

Client # _____
Cal/Mgr # _____

Name of Head of Household/Co-Head (print) _____

I/We are requesting an interim review due to changes to household income and/or family composition. I/we understand that I/we must provide verification of the change. In addition, the Housing Authority may have to get additional verification of the change(s) stated below. I/We understand that we are responsible to provide the Housing Authority with relevant information/documentation requested within the time allotted in order for the recalculation of rent to be conducted and applied. I/we understand that a failure to provide relevant information/documentation may result in interim review being denied, cancelled, or delayed.

Reason for interim review. Please check all that apply and provide explanation:

- Loss of employment
 Reduction of employment hours
 Reduction of employment wage rate

Name of Family Member	
Name of place of employment	
Effective date of change	
Details of change being reported	

- Enrollment of an adult in school (besides head or co-head)

Name of Family Member	
School attending	
Effective date of enrollment	

- Removal of a household member
 Addition to the household

Name of Family Member Adding/Removing	
Effective date of change	

- Change in immigration status for a household member

Name of Family Member	
Effective date of change	

Other reason and/or provide additional explanation for any change indicated above:

Warning: Title 18 of the United States Code, Section 1001 provides that whoever knowingly and willingly makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any manner within the jurisdiction of any department or agency of the United States shall be -fined or imprisoned for not more than five years or both.

Knowing the penalty for making a false statement under the United States Code, I hereby certify that the above information is a true, correct, and complete statement and the only changes to my household income and/or family composition since my last annual recertification.

Head of Household Signature _____ Date _____

Co-Head Signature _____ Date _____

FOR HACLA USE ONLY
Date received: _____ Received By: _____