



HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
APPLICATION FOR INTERIM RENT ADJUSTMENT

| |
|----------------|
| Cal # _____ |
| Client # _____ |

Resident Name (print): _____ Unit #: _____ Date: _____

I am requesting an interim rent review due to the following changes in my household income and/or family composition as described below (indicate all that apply):

A. **Change in household income** Yes No

If "Yes", is it a: Decrease in income or Increase in income

Explain change(s): _____

Date Change Occurred: _____ Date Change Reported: _____

List **all** current sources of income for all members of the household:

| Source | Amount | Per Wk or Mo | HACLA Use Only |
|--------|--------|--------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

B. **Change in family composition** Yes No

List changes in family members since admission or last reexamination (print):

| Name | Relationship to Head of Household | Check one | |
|------|-----------------------------------|------------------|-----------------------|
| | | Add to Household | Delete from Household |
| | | | |
| | | | |
| | | | |

C. I certify that the information provided is accurate and true.

Resident Signature: _____ Date: _____

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INTERIM REVIEW REQUEST DETERMINATION WORKSHEET

Estimated Income Next 12 Months for all Household Members

| Source | Amount | Per | Total |
|---------------------|--------|-----|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Annual Income | | | |

Monthly Income: \$ _____ 10% of Monthly Income: \$ _____

| Deduction | Quantity/Amount | Total |
|---|-----------------|-------|
| \$400 for elderly family | | |
| \$480 for each dependent | | |
| Medical expenses in excess of 3% for elderly family | | |
| Child-care expense | | |
| Other (specify): | | |
| Total Deductions: | | |

ADJUSTED INCOME: _____

MONTHLY ADJUSTED INCOME: _____

Percentage Rate: _____

TOTAL TENANT PAYMENT: _____

UTILITY ALLOWANCE: _____

TENANT RENT: _____

CURRENT TOTAL TENANT PAYMENT: _____

RECOMMENDED TOTAL TENANT PAYMENT: _____

Last Action (type): _____ resulted in (circle one) increase/decrease on (Date): _____

Eligible for Interim Review: Yes No

Date Rec'd _____

Date Resident Notified: _____

HACLA Employee Signature

Date