

Continuum of Care Interim Checklist

Tenant Name:

Subrecipient/Case Manager:

Effective Date:

HMIS ID#

Documents (provide copies of originals)

Included

N/A

Request for Interim Certification

Household Composition Documents (if any changes)
(Auth. form, SSN, Birth Cert, Photo ID, Owner Auth.)

Income Verification (if any changes)

Assets Verification (if any changes)

Expense Verification (if any changes)

Student Verification (if any changes)

Medical Expense/Disability Expense Verification
(if any changes)

Send all documents to RIHousing for Rent Calculation and Approval. Once Approval is received, forward copies of the below documents to RIHousing. Updated payments will be generated once all documents are received.

Rent Change Letter/Lease Amendment

Other

REQUEST FOR INTERIM CERTIFICATION

Participant Name:		Address of Unit:	
Date of Change:	Telephone Number:	Email:	

Please indicate below the reason for your request (check all that apply):

- Change in Income
 - Increase Decrease
- Change in Household Composition
 - Removal of household member(s)
 - Addition of household member(s)
- Childcare Change (Provide verification with name/address of provider, the child in care and the expense)
- Other: _____

Explain the change: _____

If you are reporting a change in income, please provide the family member name(s) and information below: For any income change, verification from the income source must be provided verifying the increase or decrease with the income amount and the effective date of the changes. If the changes put the family member at Zero Income, a Zero Income Certification must be completed.

Income Increase or Decrease. List all changes to household income:		
Previous Income Source and Amount	Current Income Source and Amount	Temporary or Permanent Change?

If you are reporting or requesting a change in household composition, please provide the family member name(s) and information below. An addition to the household that is not due to birth, adoption or court awarded custody, an owner approval must be received and the addition must be approved prior to the household member moving in to the unit. Birth Certificates, Photo IDs, Social Security Cards, adoption papers and/or custody papers must be provided. If a member moves out, verification of new residence must be provided.

Family Composition Change. List all family members requested to be added or removed.					
Name:	Soc. Sec. Number:	Sex:	Race:	Ethnicity:	Disabled (Y or N)
Relationship to Head of Household:	Birth date:	Add or Remove			Reason and Date
Name:	Soc. Sec. Number:	Sex:	Race:	Ethnicity:	Disabled (Y or N)
Relationship to Head of Household:	Birth date:	Add or Remove			Reason and Date

I HEREBY CERTIFY THAT THE ABOVE INFORMATION TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT GIVING FALSE STATEMENTS OR INFORMATION CAN BE GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE AND FOR PUNISHMENT UNDER STATE LAW.

Signature of Head of Household: _____ Date: _____