

APPLICATION FOR INTERIM RENT ADJUSTMENT

When completed, contact Krista at 309-837-2363 for an interview. Your request for a reduction in rent will be verified, and a notice of a rent approval or disapproval will be sent to you with in ten (10) days of the date of your interview.

- 1. Legal Name of Head of Household _____
- 2. Social Security Number _____ Alien Registration# _____
- 3. Current Address _____
- 4. Home Phone _____ 5. Work _____ 6. Cell _____
- 7. Reason for request to reduce rent. **Documentation is required for all claims.**

- Substantial and permanent change in family income **rent cannot be reduced in TANF benefits is the result of fraud or noncompliance:**
- Change in family composition: **adding a person to the Lease requires that person to complete the Application for Rental Assistance, and is not allowed in unit until that person is approved:**
- Change in family composition: **removing a person requires a new Lease and once an adult is removed, they can not be placed back on the Lease:**
Name of person to be removed from the Lease: _____
Why is this person being removed from the Lease: _____
- Change in exceptional medical or unusual expenses **for elderly or persons with disabilities:**
- Change in child care expenses incurred to allow the parent or guardian to work or go to school.

Use this space to further explain your change in circumstances: _____

I/We certify that the information given to the Housing Authority of McDonough County on household composition, income, assets, and deductions is accurate and complete to the best of my/our knowledge and belief.

I/We also understand that false statements or information are grounds for termination for rental assistance.

Head of Household _____ Date _____

Other adult _____ Date _____

Krista Knowles Occupancy Manager _____ Date _____