



**INTERIM REEXAMINATION REQUEST**  
**Effective July 1, 2020**

- I. REQUIREMENT** In between Annual Reexaminations, families are required to report ALL changes (increases and decreases) in earned and unearned income, assets, expenses, full-time student status, and family circumstances within ten **(10) calendar days of its occurrence**.
- II. PROCESS** To report changes, families **MUST** complete and return the Interim Reexamination Change Request form, along with documents that support the reported change(s).
- III. SUPPORTING DOCUMENTS** To be acceptable, any computer-generated document you submit to prove your change **MUST** show the date it was created or issued. The document must also be dated **within 60 days** of the date we receive your Interim Reexamination Change Request form. If your document(s) do not meet these criteria, you will be required to resubmit the documents. *Please be advised that the Los Angeles County Development Authority (LACDA) will not be returning any of the documents you submit.*

For example, if you are reporting any of the following circumstances, you must include the following:

- ✓ **A reduction in work hours** - supply at least two (2) current and consecutive paystubs **or** a letter from employer.
- ✓ **Increase or loss of earned income** - supply at least two (2) current and consecutive paystubs that reflect the loss or increase. For termination of employment, you must supply a letter or termination from your employer.
- ✓ **Increase or loss of unearned income** - supply benefit letter or paystubs (such as Calworks, social security, etc.).
- ✓ **Full-time student status change** - supply a copy of the most current registration notice, fee statements, and/or any financial aid letters.
- ✓ **Requesting to add a minor** - supply a copy of birth certificate, adoption, or court-awarded custody **and** social security card.
- ✓ **Requesting to add an adult** - supply proof of marriage/marital type relationship to the Head of Household. If the addition is a result of the need for disability-related care, provide written proof from an appropriate diagnostician verifying the required disability-related care.
- ✓ **A household member moved out** - if known, supply the new address or a forwarding address. Be advised: To re-admit the member back into the household, the member must meet the LACDA's Allowable Family Additions policy at the time of the request.

***Note:** Families are **NOT** permitted to move in a new person to the household without LACDA written approval. Moving in a new person into the household without LACDA approval is considered a violation and will lead to termination of housing assistance.*

- IV. CONTINUE TO PAY THE SAME AMOUNT OF RENT** Once the LACDA receives all information that is necessary to process the change, you will be notified of the new rent amount, as well as the effective date of the change.
- V. ZERO INCOME** For families with zero income, an interim recertification will be scheduled every 90 days.
- VI. Earned Income Disregard** for families on Earned Income Disregard (EID) will be scheduled for an interim recertification accordingly.



# INTERIM REEXAMINATION REQUEST

Head of Household (HOH) Name: \_\_\_\_\_ Tenant ID: \_\_\_\_\_  
 Unit Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please indicate below the change(s) you are reporting (check all that apply):

- INCREASE IN INCOME       DECREASE IN INCOME       FAMILY CHANGES

## I. CHANGE IN SOURCE OF INCOME

To report a new or a change in source of income, please provide the information below:

NAME OF FAMILY MEMBER REPORTING THE CHANGE	SOURCE OF INCOME	NEW AMOUNT	WEEKLY/ BI-WEEKLY/ SEMI-MONTHLY/MONTHLY	DATE CHANGE BECAME EFFECTIVE

ARE YOU CURRENTLY PARTICIPATING IN THE FAMILY SELF-SUFFICIENCY PROGRAM? \_\_\_Yes \_\_\_No

### TERMINATION OF EMPLOYMENT

If you are reporting a loss of employment, you must provide a letter or termination from the employer.

Have you filed for EDD Unemployment Benefits? \_\_\_Yes \_\_\_No If "no," please explain: \_\_\_\_\_

### FULL-TIME STUDENT STATUS

Are you reporting a Full-Time Student Status change: \_\_\_ No \_\_\_Yes. If "Yes," Name of Student: \_\_\_\_\_

## II. CHANGE IN FAMILY CIRCUMSTANCES

To report or request a change in your family household, complete the information below:

LEGAL NAME	DATE OF BIRTH	RELATIONSHIP TO HOH	ADD OR REMOVE	DATE MEMBER LEFT THE HOME	NEW MEMBER ONLY RACE	NEW MEMBER ONLY ETHNICITY
			<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
			<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
			<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino

If known, provide the new address or a forwarding address for the family member being removed:

Address: \_\_\_\_\_

## III. USE THIS SECTION TO DESCRIBE OR CLARIFY YOUR INCOME, HOUSEHOLD CHANGES, OR TO PROVIDE ANY ADDITIONAL INFORMATION YOU NEED TO REPORT.

By signing below, I declare, under penalty of perjury, under the laws of the State of California (Section 118 of the California Penal Code and Section 11054 of the Welfare and Institutions Code) and under Title 18, Section 1001 of the United States Code which states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements or representations to any department of agency of the United States. In addition, making false statements is a felony under California State law (Section 115, 118, 487 and 532 of the California Penal Code) and may result in criminal charges including, but not limited to: perjury, grand theft, filing false documents with a public office and obtaining money under false pretenses. I hereby certify that the forgoing is true and correct, and any false statements are sufficient and good cause for termination of my housing assistance and may also subject me to further liability or actions.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_