

**HOUSING AUTHORITIES OF THE  
CITY OF WASHBURN & COUNTY OF BAYFIELD**



420 EAST THIRD STREET, WASHBURN, WI. 54891  
PHONE: (715) 373-2653 FAX: (715) 373-2610



*This institution is an equal opportunity provider*

## Interim Rent Adjustment

### FAMILY INFORMATION

Name of Head of Household: \_\_\_\_\_

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

Current Phone Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

### INCOME THAT HAS CHANGED

CIRCLE ONE	TYPE OF INCOME	NAME OF PLACE AND ADDRESS WHERE INCOME IS DERIVED	HOUSEHOLD MEMBER	GROSS INCOME PER MONTH
Y N	Employment			\$
Y N	Self-Employment	NEED PROOF OF INCOME VIA MOST RECENT TAX RETURN		\$
Y N	Pension /Annuity Payment			\$
Y N	FEDERAL Social Security/ SSI	NEED BENEFITS LETTER		\$
Y N	STATE Social Security / SSI			\$
Y N	Unemployment Compensation			\$
Y N	Child Support Ordered/ Alimony			\$
Y N	Other Current income not yet listed			\$
Y N	Other Anticipated Income			\$
Y N	Are any adult household members currently unemployed with zero income?		If yes, who?	

**Provide explanation and dates of changes:**

**CHILD CARE EXPENSE**

**Child Care Costs-** to enable adult member(s) to work or attend school (if no financial aid covers the cost.

Do you receive Daycare Assistance from Bayfield County Social Services?  Yes  No

If yes, the assistance is \$ \_\_\_\_\_ per  Week  Month

Name of Provider	Address and Phone No. of Provider	Monthly Amount

**CHANGE IN FAMILY COMPOSITION**

**Adding a person to the Lease requires that person to complete an application, and is not allowed to move into the unit until that person is approved:**

Name of Person to Add to Lease: \_\_\_\_\_

Date of Application Filled Out: \_\_\_\_\_

Name of Person to be removed from lease: \_\_\_\_\_

Why is person being removed from lease: \_\_\_\_\_

**Important:** The Housing Authorities for the City of Washburn and Bayfield County must receive your written notice of your income and/or household conditions change within 10 business days of the change. Income decreases must be received by the 10<sup>th</sup> of the month in order to adjust your rent for the following month. If this form is not completely filled out and/or supporting documentation is not attached, the review may be delayed. If changes are reported late (more than 10 business days after the change) or not at all, you could owe the Housing Authority money and you may risk losing your housing subsidy.

I, (print head of household's name) \_\_\_\_\_, hereby authorize the Housing Authority to verify the information provided by me on this form. I understand that if this form is not completely filled out and/or supporting documentation is not attached, the review may be cancelled. I understand that such verification may include contacting any appropriate employers, governmental agencies or individuals identified on this form.

**Head of Household Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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**AUTHORIZATION FORM**

To Whom It May Concern:

I hereby grant the Housing Authorities for the City of Washburn and County of Bayfield permission to secure any information concerning my income, assets, deductions, or the release of other information stated below. I understand that this information will be kept strictly confidential and will be used only to determine my rent, initial and continued eligibility or be used to administer and enforce program rules and policies.

Name:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Tenant:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Tenant:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Authorized information which may be requested includes:**

Social Security Numbers

Unemployment Income

Federal, State and Local

Credit History

Bank Statements

Benefits

Criminal History

Asset Income

Maintenance Income

Rental History

SS Income

Child Care Expense

Residence History

VA Income

Utility Payments

Identity and Marital Status

TANF Income

Medical Insurance Payments

Family Composition

Child Support Income

Medical Expense

Employment Income

Disabled Assistance

Medicine Expense

SSI Income

Welfare Payments

Pension Income

Food Stamp Benefits