

INTERIM REEXAMINATION UPDATE FORM

Current Date: _____ Client Control Number: _____

Name of Head of Household _____

Address _____

City _____ OH Zip Code _____

Home Telephone Number _____ Work Telephone No. _____
[Please list a number where you may be reached in the event your request needs clarification.]

DESCRIBE THE CHANGE YOU ARE REQUESTING:

Authorizations, Representation and Certifications

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for participation, and may be grounds for termination of assistance.

WARNING! TITLE 18, SECTION 1001 OF THE U.S CODE, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony.

Penalties include:

1. Termination of Section 8 Assistance
2. Requirement to repay all overpaid rental assistance paid on your behalf
3. A fine of up to \$10,000
4. Imprisonment from up to five years and or
5. Prohibition from receiving future assistance

Signature of Head of Household _____ Date _____