



338 W. Wainman Ave. PO Box 609
Asheboro, NC 27204
Phone: 336-629-4146 Fax: 336-625-0651
TDD: 1-800-545-1833 Ext 419



Name: _____

Address: _____

Phone: _____

Att: _____

Interim Change Request Form

I need to report the following changes:

Applicant/Tenant Certification Statement:

I/We certify that the information given to the Asheboro Housing Authority on the household composition, income, net family assets and allowances/deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for termination of Housing Assistance and termination of tenancy.

Head of Household Signature

Date

Signature of Spouse or Other Adult Member

Date