



HCV Program  
1300 Broad Street N  
Jacksonville, FL 32202  
Phone: 904-552-5952  
HCVCustomerService@jaxha.org  
JaxHA.org

## INTERIM RE-EXAMINATION REQUEST

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 904-552-5952 or TTY:711x. Advance notice of seven days is required in order to arrange for interpreter services.

Name: \_\_\_\_\_  
(Head of Household)

Voucher #: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

As a participant in the Jacksonville Housing Authority's (JHA's) Housing Choice Voucher (HCV) Program, you have the right to request an interim Re-Examination due to a change in income, expenses or household composition. Please indicate below the reason for your request (check all that apply) and make sure to include any supporting documentation upon submission. Note: Interim requests will not be processed without supporting documentation.

- A. Family Self Sufficiency (FSS) Program enrollment? ☐ Yes ☐ No
- B. Change in Income (check one): ☐ Increase ☐ Decrease ☐ No Change  
(Supporting Documentation Examples: Official letter from employer, check stubs, award/benefit letter, etc.)

If you are reporting a change in income, please provide the family member name(s) and information below:

Family Member Name	Name of Source	Previous Amount	Current Amount

- C. Change in Expenses (check one): ☐ Increase ☐ Decrease ☐ No Change  
Expense Type: ☐ Medical ☐ Child Care ☐ Disability ☐ Child Support  
(Supporting Documentation Examples: Official letter from care provider, receipts, court order, etc.)

- D. Change in Household Composition — Please note that any addition to the household that is not due to birth, adoption, foster or court-awarded custody must be approved by JHA prior to the household member moving in to the unit. However, JHA approval does not release you from any legal obligations under the lease.
- In addition, if any new household member is currently participating in another JHA housing assistance program, they must be removed from that program before being added to the household.
- (Supporting Documentation Examples: Social Security card, birth certificate, photo ID, etc.)

If you are reporting or requesting a change in your household, please provide the information below and initial here \_\_\_\_\_ to certify you have notified the property owner of the change in household composition:

Family Member Name	Relationship	Add or Remove

I hereby certify that the above information is true and correct to the best of my knowledge.

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

PENALTIES FOR MISUSING THIS FORM: I/We, the undersigned, certify under penalty of perjury that the information provided here is true and correct, to the best of my knowledge and recollection. WARNING: Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. 287, 1001, 1010, 1012; 31 U.S.C. 3279, 3802)