

Request for Interim Redetermination of Rent

450 Walker St. NE • PO Box 2846 Cleveland, TN 37320-2846

Phone **423.479.9659** • Fax **423.339.5984** TDD/TTY 800.545.1833 ext 886

ClevelandHousingAuthority.org 📵 🕏 🕏

			Date	
Addres	ss:			
	[Street Name and Number]	[City]	[State]	
SSN:		Phone:		
	1. Describe Change in Status:			
	2. If you have changed jobs , com	nplete the following:		
			Phone:	
	Date Employed:		Wage:	
	Hours/Week:		Tips/Week:	
	Former Employer:			
	Last Day of Work:			
	Last Day of Work:			
	Last Day of Work: Have you filed for unemplo 4. If your family composition ha	oyment benefits? 🗖 Yes	□ No	
	Have you filed for unemplo 4. If your family composition ha	oyment benefits? Yes s changed, state reason: _	□ No	
	4. If your family composition ha 4. If a child has been born into t	oyment benefits?	□ No	
	Have you filed for unemplo 4. If your family composition ha	oyment benefits?	□ No	
	4. If your family composition ha 4. If a child has been born into t	oyment benefits?	□ No der and date of birth: r: □ M □ F Date of Birth: Cleveland Housing Authorit	y with proof of ar
cha	Have you filed for unemplo 4. If your family composition ha 4. If a child has been born into to the Name: No rent adjustment will be made	oyment benefits? Yes s changed, state reason: _ he family, state name, ger Gende e until you have presented e a "Notice of Separation"	□ No der and date of birth: r: □ M □ F Date of Birth: Cleveland Housing Authorit or "Layoff Slip" from your fo	y with proof of ar