

REPORT OF CHANGE IN INCOME/FAMILY COMPOSITION

NAME OF HEAD OF HOUSEHOLD: _____ **PHONE #()** _____

EFFECTIVE DATE OF CHANGE: _____

If you are a FSS CLIENT please check here []

CHANGE BEING REPORTED

Wages and/or Hours: [] Increased [] Decreased
Working [] Started [] stopped [] changed jobs
[] On leave of absence

Worker's Compensation [] started [] stopped

UNEMPLOYMENT: [] started [] stopped
AFDC: [] Started [] Stopped [] Increase [] Decrease
SS/SSI: [] Started [] Stopped [] Increase [] Decrease
Child/Spousal Support [] Start [] Stopped
Child Care [] Started [] stopped [] Increased
Medical Expenses []

DELETE – Household member [] **

**must provide proof of new residence

ADD – Household member []
Must provide copy of birth certificate & Social card
Copy of Photo ID if 18 years +

Other Change [] (Specify Type)

REQUIRED DOCUMENTATION (ATTACH THE FOLLOWING)

(4) Recent check stubs or letter from employer
Name, address and phone number of employer:

Attach letter from Insurance company or 4 recent check stubs

Recent printout from EDD or (4) recent check stubs
Recent printout or current Notice of Action
Recent letter from Social Security Administration
Copy of check/DA Printout/letter/court documents
Last (4) paid receipts or letter from provider
Printout from pharmacy/Proof of recurring payments/one time
Name: _____

Name: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its Jurisdiction.

I declare, under penalty of perjury, that the above information is true and complete.

Signature of Head of Household

Date Submitted

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Description of Documents That You May Be Required to Submit to the Housing Authority Following Your Recertification



***THIS YEAR, FOLLOWING YOUR RECERTIFICATION, THE HOUSING AUTHORITY WILL REVIEW A DATABASE RECORD CONTAINING ALL INCOME INFORMATION CONNECTED TO EACH MEMBER OF THE HOUSEHOLDS' SOCIAL SECURITY NUMBER. PLEASE REMEMBER TO REPORT ALL INCOME AND ASSETS ACCURATELY TO AVOID DISRUPTION OR TERMINATION OF YOUR HOUSING ASSISTANCE.**

INCOME FROM WORK: Copies of last four (4) most recent consecutive paycheck stubs. If you have not received four (4) yet, submit two (2). Do not wait until you have two paystubs to report the income. *If employment has ended, also provide a letter of separation from the employer.*

INCOME FROM BUSINESS/ SELF EMPLOYEMENT (including independent contractor jobs such as Uber, Lyft, Doordash or other app based freelance work): Schedule C or 1099.

SOCIAL SECURITY (SSA/SSI): Current printout or call to obtain a printout at 1-800-772-1213. Request verification of benefits.

TANF/GA: Current Notice of Action from Employment and Human Services Department (Notice must not be more than 30-days old).

CHILD SUPPORT/ ADOPTION ASSISTANCE: A printout from the Family Support Division. If child support is not being processed through the Family Support office, then you must provide a letter from child support provider (name, address, telephone #, and amount being paid per month).

TANF (CALWORKS)/GA: Current Notice of Action from Employment and Human Services Department (Notice must not be more than 30-days old).

UNEMPLOYMENT/DISABILITY: Printout or copy of award letter. (Notice must not be more than 30 days old).

CASH/GIFTS/ FAMILY CONTRIBUTION: You must provide a separate letter detailing the source and amount of cash/gifts received monthly. For gifts, you must apply a monetary (cash) value. For example, if you receive groceries every month, you must declare it as gifts and include the value of it. You must provide the name and contact information for person contributing cash and/ or gifts.

PRIVATE PENSION BENEFITS: Current letter of verification. (Notice must not be more than 30 days old).

VETERANS OR OTHER GOVERNMENT BENEFIT: Current award letter. (Notice must not be more than 30 days old).

CHECKING, SAVING, BROKERAGE ACCOUNTS: All pages of the most recent monthly statement. *If account has been closed, provide verification from the financial institution indicating the date of closure.*

OTHER ASSETS (including Real Estate, IRA's, Life Insurance, Bonds, CD's : Copies of current statements regarding value/investment information of life insurance (cash surrender value), stocks, bonds, trust funds, annuities, real estate, etc

MEDICAL EXPENSES/ CHILD CARE EXPENSES: If you are elderly, disabled or disabled you may be eligible for a medical allowance. If you make this request, you will need to provide receipts, bills, verification of medical/dental insurance payments, pharmacy printouts, deductible co-payments. Consideration for medical allowances is given to those expenses that have actually been paid for. If you are working or going to school you may be eligible for childcare allowance. If you make this request, you will need to provide the providers name, address, telephone number, and Tax Identification number or Social Security number.

