

HOUSING AUTHORITY OF THE COUNTY OF CONTRA COSTA

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 and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Housing Authority of the County of Contra Costa, 3133 Estudillo Street, Martinez, CA 94553

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

- Public Housing
- Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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(l)(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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

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.

