

REPORTING A CHANGE IN INCOME? REMOVING A FAMILY MEMBER?

INSTRUCTIONS

Step 1: Obtain the yellow **Report of Change in Income/Remove Family Member form**.

Step 2: Complete the information at the top of the page (Name, Phone, Date of Change, etc.).

Step 3: Select the appropriate **SECTION(S)** of the change(s) you are reporting.

Examples:

- If you are reporting a change in **WAGES**, complete **Section I**, listing the name of the individual affected by the change.
- If you are reporting an income change *other* than wages, complete **Section II** by checking the appropriate box(es) as described.
- If you are **REMOVING** a household member, complete **Section III**.

Step 4: Income changes submitted **before the 10th** of each month with all of the required information will be processed effective the first of the NEXT month.

Income changes submitted **after the 10th**, or without **ALL** required information will be processed effective the first of the FOLLOWING month.

This policy allows the Housing Authority time to obtain additional verifications as needed and to adequately notify the landlord of the change.

Step 5: Please make sure form is complete and **ALL** supporting documentation is attached. The required documentation is listed on the same line in the column to the right of your listed change.

Examples:

- If you are reporting **WAGE** information, proof of employment or separation letter on company letterhead is required; provide the full name, address and telephone/fax number of the employer and/or current pay stub(s).
- If you are reporting receipt or ending of unemployment insurance benefits payment, you will need to provide a copy of the EDD Award letter and/or pay stub.
- If you are reporting receipt or ending of welfare, you will need to provide a current printout or Notice of Action.
- List the name of the person you are **REMOVING** and view the column to the right to see what corresponding information needs to be attached.

Step 6: Indicate whether you have reported any other income or household composition change within the past 30 days by checking the appropriate box.

Step 7: Read the **WARNING** statement. Head of Household must sign, date and provide social security number on the form. If the reported change involves another adult in the household, he/she must also sign and date the form.

Step 8: Execute the **Authorization for the Release of Information** form found on the reverse side of the page. Head of Household and other adult reporting any change(s) **MUST** sign, date and provide social security number.

Step 9: Attach the *Report of Change in Income/Remove Family Member* form together with all required documentation and submit.

NOTE: You will be notified of requested change(s) by **MAIL**

(See reverse side of this instruction sheet for additional important information.)

HUD REGULATIONS 24 CFR 982.551 OBLIGATIONS OF PARTICIPANT

Purpose: This section states the obligations of a participant family under the Housing Choice Voucher Program.

Supplying required information.

1. The family must supply any information that the PHA or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status (as provided by 24 CFR Part 5). Information includes any requested certification, release or other documentation.
2. The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.
3. The family must disclose and verify Social Security numbers (as provided by Part 5, Subpart B, of this title) and must sign and submit consent forms for obtaining information in accordance with Part 5, Subpart B, of this title.
4. Any information supplied by the family must be true and complete.

It is the policy of the Vallejo Housing Authority to provide reasonable accommodation to persons with disabilities, so that they may fully access and utilize the housing program and related services. Requests for reasonable accommodation must be made in writing. The Housing Authority must be allowed reasonable time to evaluate all requests.

The hearing impaired may call the California Relay Service at (800)735-2922 without TTY/TDD or (800)735-2929 with TTY/TDD.

"Melinda Nestlerode is the Section 504 coordinator. Please contact Ms. Nestlerode, HCD Manager, at 707/648-4507 for further information."

**CHANGE IN INCOME / REMOVE FAMILY MEMBER
(PLEASE PRINT CLEARLY)**

NOTE: CHANGES WILL NOT BE PROCESSED UNLESS FORM IS COMPLETE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED!!!

HEAD OF HOUSEHOLD INFO:

LAST NAME _____ FIRST NAME _____ SOCIAL SEC. NO. _____

ADDRESS _____ PHONE/CONTACT NO. _____

Have you submitted any changes within the past 30 days? Yes No
Project Based Voucher Participant (PBV) Yes No

Family Self-Sufficiency Participant (FSS) Yes No
Home Ownership Participant Yes No

EMPLOYMENT CHANGES

VERIFICATION OF CHANGE MUST BE ATTACHED

1). Name: _____

Employer Name _____

Employment: Started Stopped

Address: _____

Salary: Increased Decreased

Effective date: _____

Phone: _____ Fax: _____

2). Name: _____

Employer Name _____

Employment: Started Stopped

Address: _____

Salary: Increased Decreased

Effective date: _____

Phone: _____ Fax: _____

OTHER INCOME/ALLOWANCE CHANGES

VERIFICATION OF CHANGE REQUIRES THE FOLLOWING DOCUMENTATION:

Child Care: Started Stopped Changed
Child Support: Started Stopped Changed
Disability (EDD) Started Stopped Changed
Social Sec/ SSI Started Stopped Changed
Unemployment: Started Stopped Changed
Welfare: Started Stopped Changed
Worker's Comp: Started Stopped Changed
Medical Expenses: ATTACH DOCUMENTS
Other (Specify) _____

Last 4 receipts or letter from child care provider
Current 12 month history printout
Current EDD award letter
Current Social Security printout
Current EDD award letter
Current letter/ notice of action
Current award letter from worker's comp company
Must supply current printout from pharmacy/Proof of recurring payments

REMOVING HOUSEHOLD MEMBER(S)

VERIFICATION OF REMOVING A HOUSEHOLD MEMBER REQUIRES THE FOLLOWING DOCUMENTATION:

1). _____
LAST NAME FIRST NAME

RELATIONSHIP

- Proof of new residence (Example: Ca Driver's Lic., Rental agreement or pay stub showing name and new address)
- Court documents showing custody and/or guardianship of minors being removed
- Death certificate

Note: If removing more than 2 people, please list on separate sheet of paper

2). _____
LAST NAME FIRST NAME

RELATIONSHIP

WARNING: Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. I/We certify by signing below, that I/We have supplied accurate and complete information. I/We understand that reporting false or incomplete information is fraud and may result in denial or termination of rental assistance.

_____/_____
SIGNATURE OF HEAD OF HOUSEHOLD DATE

_____/_____
SIGNATURE OF OTHER ADULT DATE

HEAD OF HOUSEHOLD AND ANY OTHER ADULTS REPORTING CHANGES MUST SIGN THE FRONT AND BACK OF THIS FORM

Authorization for the Release of Information

Tenant ID

PHA requesting release of information:

Vallejo Housing Authority
200 Georgia Street
Vallejo, CA 94590

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income, welfare income, assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 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 information that is obtained based on the consent 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.

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. 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
_____	_____	_____
Spouse	Date	Other Family Member over age 18
_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18

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 this form is restricted to the purposes cited above. 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.

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 review and hearing procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies