



SECTION 8 INTERIM CHANGE FORM

Dear Applicant or Client:

The following information is needed **ONLY** if there has been a change in your address, family composition, income, current housing or living arrangements. If you are a current SECTION 8 participant, it is your responsibility to report all changes in family size and income to the Housing Authority, in writing, within ten (10) days of the date the change has occurred according to your Housing Voucher and St. Petersburg Housing Authority's Administration Plan. Failure to do so could result in the termination of your Section 8 assistance. If the information has not been reported timely, an overpayment may have occurred and you may be asked to reimburse the Housing Authority.

PLEASE PRINT and complete entire form (front & back).

Client Name: _____ SSN: _____

Current Address: _____

Phone Number(s): Home No: _____ Work No: _____ Other/Message No: _____

Check the box that applies to your Interim Change:

My family composition has changed. My new family composition is as follows:

Name	MI	Relationship	Sex	Age	SSN	DOB

Please Note: *If you are removing a family member from your household, please indicate the reason why:*

_____.

My family income has changed. My new family income is as follows:

Employment

New Employer: _____ Phone No: _____ Hire Date: _____

Address: _____

Zip: _____

Former Employer: _____ Phone No: _____

Address: _____ Last date of work: _____

Increase or Decrease with Current Employer: _____

Effective date: _____ Amount: \$ _____ How often: _____

Comments: _____

Other changes in family income (explain): _____

Please note: If you are reporting ZERO income, you must complete a Zero Income Declaration Form.

Please request this form from the receptionist.

My childcare has changed. My new childcare information is as follows:

Childcare

Name of childcare provider: _____ Phone No. _____

Address: _____ Amount paid: \$ _____

How often: Weekly Bi-Weekly Monthly

Zip Code: _____

WARNING:

Section 1001 of Title XVII of the United States Code makes it a criminal offense to make willful gales statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction. I certify that the above information is correct and I understand that any misrepresentation will be grounds for denial or termination with the Section 8 Housing Voucher Program or Public Housing Program.

Client's Signature

Date

(PLEASE SIGN ATTACHED AUTHORIZATION RELEASE OF INFORMATION)



To be completed by Housing Authority

Date of Interview ____ / ____ / ____

Name of Tenant: _____

Address: _____

Interviewed by: _____

(✓) Please check one Initial Annual Interim

Questionnaire
Personal Declaration of Eligibility

I. Household Composition

1. List all persons who will be living in your home, starting with the head of household

ADULTS (Legal Name) (18 yrs of age or older)	Date of Birth	Relationship to Head of Household	Social Security Number
1.			
2.			
3.			

CHILDREN (name as it appears on SS Card)	Date of Birth	Relationship to Head of Household	Social Security Numbers
1.			
2.			
3.			
4.			
5.			
6.			

2. Next of Kin

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

3. Has anyone left the Household since your last recertification? Yes No

4. Has anyone been added to your Household? Yes No

Name _____ (A)dding or (D)eleting _____ Why adding or deleting _____

1. _____

2. _____

(If someone is removed from your household, you must provide a notarized verification letter of move. If adding, all required documentation: Social Security Card, Birth Certificate, Photo ID and Police Report is needed if 18 or older)

5. Are any of the adult household members (18 years of age or older) full time students? Yes No

Name _____ Name of School _____ Address of School (city, state and zip) _____

1. _____

2. _____

II. Employment Income

1. Are you or any Household member employed? Yes No

If yes, Name of employer _____

Address _____ Zip _____ Phone # _____

Name of employer _____

Address _____ Zip _____ Phone # _____

(Provide a letter from employer stating date employment began, your rate of pay and # of hours worked a wk. Or, copies of eight weeks consecutive pay stubs.)

2. Has place of employment changed since last recertification? Yes No

If yes,
 Name(s) of previous employer(s) _____
 Address: _____ Phone #. _____ Fax # _____

(Provide letter from previous employer stating last day of work.)

III All Income Sources

1. List all money earned or received by **EVERYONE** living in your household. This includes money from Wages, self-employment, Child Support, Contributions, Social Security, Disability Payments (SSI), Worker’s Compensation, Retirement Benefits, AFDC, Veterans Benefits, Rental Income, Stock Dividends, Income form Bank Accounts, Alimony, and all other sources.

HOUSEHOLD MEMBER	TOTAL WEEKLY WAGES	TANF OR FOOD STAMP	CHILD SUPPORT (MONTHLY)	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT	ALL OTHER INCOME
1.						
2.						
3.						

2. Is anyone making monthly contribution to your household or providing you or your children the following: food expenses, cleaning or grooming supplies or paper products, clothing or utility expenses? Yes No

III. Asset Income

1. Do you or any members of your household have checking or savings account? Yes No

If yes,

Bank/ Credit Union Name _____
 Address _____
 Account Number _____

ASSET CHECKLIST

INSTRUCTIONS: At the certification and recertification interviews, the head of household should answer the questions below regarding Assets.

Family Member Name	Value of Asset	Date Verified
1) Do you have cash		
In a savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
In a checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
In a safety deposit box? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
At home? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
Anywhere else? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
2) Do you have trust funds available to your household?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
3) Do you have any equity in rental property or other capital investments?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
4) Do you have any stocks, bonds, treasury bills or certificates of deposit or money market funds?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
5) Do you have any retirement or pension funds?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
6) Will you receive any lump sum receipts?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
7) Are you holding any personal items as investments? (antique cars, coin or stamp collection, etc.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
8) Do you have a “Whole Life” Life Insurance Policy?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
9) Have you disposed of any assets for less than market value in the last 2 years?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____

IV. Earned Income Disallowance (only eligible if already on Housing Choice Voucher Program)

1. Are there any disabled household members, 18 years of age or older, in your household that are currently employed? Yes No

If no, do not answer any of the following questions and go to section V.

a) Was the disabled household member (18 years or older) previously unemployed for one or more years prior to current employment Yes No

(Note: previously unemployed includes a person who has earned not more than could be earned working 10 hours per week for 50 weeks at established minimum wage.)

b) Was disabled person's (18 years or older) employment earnings increased during participation in an economic self-sufficiency program or other job training programs? Yes No

c) Did disabled household member experience an increase in annual income due to new employment or increased earnings who received TANF benefits or services within the past six months? Yes No

(If TANF received in form of monthly maintenance, there is no minimum amount. If one time payment wage subsidy or transportation assistance the total amount received must be at least \$500.00)

(If YES to 1A, B, or C during the initial 12 months exclusion period, the full amount of the increase in income attributed to employment or increased earnings is excluded. The second 12 months exclusion is reduced to 50%)

V. Childcare Expenses

1. Are any children in household under the age of 13? Yes No If yes, complete 2, 3 & 4.

2. Are you working? Yes No

3. Are you currently in a program that is assisting you with finding employment? Yes No
If yes, please provide letter from program.

4. Are you a full time student? Yes No

If you have answered yes to 2,3 or 4, and you pay child care for a minor under the age of 13, please complete the following:

Name of child care provider _____
Address _____ Zip _____ Tel # _____
Name of child care provider _____
Address _____ Zip _____ Tel # _____
* *How much do you pay for child care?* Weekly \$ _____ Bi-weekly \$ _____ Monthly \$ _____

VI. Medical Expenses

1. Is head or spouse 62 years of age or older? Yes No

2. Is head or spouse disabled? Yes No

3. Is there any ongoing recurring out of pocket expenses associated with the care of the disabled individual? Yes No If Yes, please provide.

Name	Amount of Expense (projected forward)	What are expense for?
1. _____	_____	_____
2. _____	_____	_____

(Provide statements for all payments made in the last 12 months for: prescriptions, over the counter medication recurring expenses, patient paid portion of doctor visits, and health insurance premiums.)

VII. Disability Assistance Expenses

- 1. Is anyone in your household disabled? Yes No
- 2. Does your family have un-reimbursed medical expenses to cover care attendant and auxiliary apparatus for the disabled person to enable any member in household (including the member who is disabled) to be employed? Yes No. If Yes,

<u>Name</u>	<u>Type of un-reimbursed expense</u>	<u>Amount of expense</u>
1. _____	_____	_____
2. _____	_____	_____

VIII. General Information

- 1. Has anyone in the household ever been arrested? _____ If yes, what year? _____ and for what offense _____.
- 2. Has anyone in the household ever been convicted of a felony? If yes, in what year? _____ and for what offense _____.
- 3. Has anyone in the household ever been convicted of a drug related crime? If yes, in what year? _____
- 4. Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing program? Yes No

If yes, please explain _____

I do hereby swear and attest that all of the information above about me and my household is true and correct, I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority in writing immediately.

HEAD OF HOUSEHOLD SIGNATURE

DATE

OTHER ADULT SIGNATURE

DATE

OTHER ADULT SIGNATURE

DATE

<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>	<u>TELEPHONE #</u>
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WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODES, 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 OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD).

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)

St. Petersburg Housing Authority
P.O. Box 12849
St. Petersburg, FL 33733

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.