



Ashtabula

METROPOLITAN HOUSING AUTHORITY

3526 LAKE AVENUE, ASHTABULA, OHIO 44004

(OFFICE) 440 992 3156 (FAX) 440 992 7947

Household Composition Only Change Reporting Form

Instructions: Use this form to report any changes in household composition. Changes MUST be reported within 14 days. Current Proof of income, Birth Certificate (s), Social Security Card (s), Photo ID (s) (if applicable), Section 214 Status and Authorization of Release of Information must be attached. If you are adding a person aged 18 or older, background paperwork must be completed for each adult. Failure to do so will delay processing.

Identifying Information:

Head of Household: _____ Phone Number: _____

Address: _____

SSN: _____ Property: _____

Household Composition:

**Changes in Household Composition Must have supporting documentation.*

If you are removing a household member you must have lease or notarized statement from the owner of where they are moving to

- ☐ Add a Member ☐ 18 year old reporting
☐ Remove a Member

Name: _____ Date of Change: _____

Address: _____ Date of Birth: _____

SSN: _____ Relationship to Head of Household: _____

Income Source: _____ Monthly Amount: _____

(MUST BE ATTACHED)

Name of Property Manager: _____

I certify that the information I have provided is complete, true and accurate.

Signature – Head of Household: _____ Date: _____

Signature – Other Adult: _____ Date: _____

Receptionist Signature: _____ Date: _____

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration Statement carefully and sign and return to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box).

- ☐ I am a citizen by birth, a naturalized citizen or a National of the United States; or
- ☐ I have eligible immigration and I am 62 year of age or older. Attach evidence of proof of age 2; or
- ☐ I have eligible immigration status as checked below (See reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- ☐ Immigration status under 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3; or
- ☐ Permanent residence under 249 of INA 4; or
- ☐ Refugee, assylum, or conditional entry status under 207, 208. or 203 of the INA 5; or
- ☐ Parole status under 212(d)(5) of the INA 6; or
- ☐ Threat to life or freedom under 243(h) of the INA 7; or
- ☐ Amnesty under 245A of the INA 8 or
- ☐ I am from the Marshal Islands, Micronesia, or Palau under under CFR 42 1436(a)(7) (the applicant receives a preference); (if from the Territory of Guam the applicant has no preference).

(Signature)

(Date)

- ☐ Check box on left if the signature is that of an adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ **Date:** _____

(See page 2 for footnotes and instructions)

1. Warning: 18U.S.C. 1001 provides, provides among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

2. Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

3. Immigration status under 101(a)(15) or 101 (a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by 101 (a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101 (a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigration status].) This category includes noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.

4. Permanent residence under 249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C 1259) [amnesty granted under INA 249]

5. Refugee, asylum, or conditional entry status under 207, 208, or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203 (a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

6. Parole status under 212 (d)(5) of INA. A non citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212 (d)(5) of the INA (8 U.S.C. 1182 (d)(5) [parole status]).

7. Threat to life or freedom under 243 (h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) {threat to life or freedom}.

8. Amnesty under 245 of INA. A non citizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

Instruction to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Number and date that it was obtained. A HA signature is not required.

Authorization for the Release of Information

Organization requesting release of information
(name, address, telephone & date):

Ashtabula Metropolitan Housing Authority
3526 Lake Avenue
Ashtabula OH 44004
440-992-3156 Fax: 440-992-7947

Purpose

The U.S. Department of Housing and Urban Development (HUD) and the above-named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

Low-Income Rental Indian Housing
Low-Income Rental Public Housing
Mutual Help Homeownership Opportunity Program
Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Program
(including but not limited to Portability)
Section 23 and 10(c) Leased Housing
Section 23 Housing Assistance Payments
Section 202
Section 221 (d)(3) Below Market Interest Rate
Turnkey III Homeownership Opportunities Program

I authorize the above-named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only HUD, an Indian Housing Authority, or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered Inquiries May be Made About:

Banks and Other Financial Institutions
Child Support
Children Services
Child Care Expenses
Credit Bureaus / History
Courts
Criminal Activity
Employment, Income, Pensions, Annuities, Alimony
Family Composition
Federal, State, Tribal, or Local Benefits
Handicapped Assistance Expenses
Identity and Marital Status
Local, State and Federal Law Enforcement Agencies
Landlords
Medical Expenses / Care
Residence and Rental History
Schools and Colleges
U.S. Department of Veterans Affairs
U.S. Social Security Administration
Utility Companies
Welfare Agencies including Jobs and Family Services

Computer Matching Notice and Consent

I agree that a Public Housing Agency, Indian Housing Authority or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The governmental agencies include:

U.S. Office of Personnel Management
U.S. Social Security Administration
U.S. Department of Defense
U.S. Postal Service
State Employment Security Agencies
State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

Conditions: this form is valid for fifteen (15) months from the date of signature

I agree photocopies of this authorization may be used for the purposes stated above.

If I do not sign this authorization, I also understand my Housing Assistance may be denied or terminated.

x

Printed Name of Head of Household	Date
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X

Signature of the Head of Household	Date
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x

Printed Name of Spouse or Other Adult Member	Date
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x

Signature of Other Adult Member	Date
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x

Signature of Other Adult Member	Date
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x

Signature of Other Adult Member	Date
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x

Signature of Other Adult Member	Date
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If more signatures are required, please ask for another form