

PUBLIC HOUSING INCOME CHANGE REPORTING FORM

Identifying Information:

Head of Household: _____ Phone Number: _____

Address: _____

Head of Household SSN: _____

Who is the household change for: _____

SSN of Household Member the change is for: _____

What Has Changed? : ☐ began ☐ ended ☐ increased ☐ decreased ☐ applied for

Income Change:

- | | | |
|--|---|---|
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Medical Leave | <input type="checkbox"/> SS/SSI/SSD |
| <input type="checkbox"/> Lay Off | <input type="checkbox"/> Spend down | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Medical Expense | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Student Status |
| <input type="checkbox"/> Workers Comp | <input type="checkbox"/> Pro Re Nata (PRN) * | |
| <input type="checkbox"/> Cash Assistance | <input type="checkbox"/> VA/Pension | |
| <input type="checkbox"/> Employment | | |
| <input type="checkbox"/> New Job | <input type="checkbox"/> Hours | |
| <input type="checkbox"/> Loss of Job | <input type="checkbox"/> Rate of Pay | |

Name of Employer: _____

Address: _____ Phone Number: _____

City, State, Zip Code: _____

Person of Contact: _____ Effective Date of Change: _____

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: _____

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