

Change of Information – Section 8 Voucher Program

Changes need to be reported within 10 business days from date of change. For an Income decrease, this form needs to be returned by the 10th of the month in order for our office to attempt to process the change for the following month.

Head of Household Name: _____

Address: _____

Email Address: _____

Phone/Message Number _____

****Do you anticipate that this change will INCREASE OR DECREASE your portion of the rent? (MUST circle one)****

What has changed? Circle each item that has changed and then fill out the information requested that pertains to each item that you have circled below.

- | | | | |
|------------------------------------|------------|--------------------------------------------|---------------|
| Employment | FIP | Social Security/SSI | Child Support |
| Other Income | Child Care | Medical Expenses | |
| Request to Add Person to Household | | Removing Person from Household | |
| Any other Change | | Turning in Requested Information/Documents | |

Please provide the following information for each item that you have circled above
AS WELL AS UPDATE YOUR INFORMATION ON ALL YOUR INCOME SOURCES.

Employment – You must provide last 2-4 check stubs if employed or letter from employer of ending employment with this document.

Household Member’s Name that Change is for: _____

Current/New Employment (circle one): _____

Address/Location: _____

Date Started _____ Hourly Rate \$ _____ Avg. Number of Hours per week? _____

If No Longer Employed,

Household Member’s Name that Change is for: _____

Previous employer: _____ Date Ended _____

Will you be applying for Unemployment Benefits? Yes or No

Will you be applying for FIP? Yes or No

FIP – You must provide copy of DHS decision letter

Old FIP Amount \$ _____ New FIP amount \$ _____

Effective Date of Change _____ Most recent DHS worker _____

Reason for Change in FIP amount? _____

Social Security/SSI – YOU MUST provide most recent decision letter from Social Security that reports this change or call 1-800-772-1213 to request a benefit verification letter to provide for our office.

Old Monthly Amount \$ _____ New Monthly Amount \$ _____

Effective Date of Change _____ Reason for Change: _____

Child Support – YOU MUST provide the child support printout for each case with case number on document

Old Monthly amount \$ _____ New Monthly Amount \$ _____
Effective Date of Change _____ Reason for Change _____
If not paid through Friend of Court or Child Support Recovery how is it paid? _____

Other Income

Source of Income _____
Reason for Change _____

Child Care- If working or full time student

Monthly Amount Paid for Childcare, not paid by block grant or 3rd party. \$ _____
Childcare Provider: _____
Address : _____

Medical Expenses – Elderly and Disabled Households only

What has changed? _____

Request to Add Person to Household – *Must be related by blood, marriage or adoption. Minor children you must also have primary custody in order to add.*

NEWBORNS ONLY At a minimum include with this change form: Hospital issued birth announcement that confirms date of birth and parent(s), provide copies of state issued Birth Certificate and Social Security card to our office as soon as you receive them.

FOR ALL OTHERS YOU MUST INCLUDE WITH THIS CHANGE FORM: Social Security card(s), birth certificate(s) and proof of relationship such as marriage license or legal documents to show how related for the person (s) you are requesting to add.

Name of Person to be added _____
Relationship to head of household _____

Removing Name from Household – *Requires 2 verifications of new address or legal documentation to remove name from household.*

Name of Person to be removed _____
Reason to be removed _____

Any other Change of Information- Please Explain

I/we certify that the statements on this form are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), and/or other business or government agencies. I/we authorize the Housing Authority to run a criminal background check. I/we understand that any false statements made on this form will cause me/us to be terminated from the Section 8 Program.

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

Signature _____ Date / /

Spouse or Other Adult _____ Date / /

Authorization for the Release of Information

Tenant ID

HA requesting release of information:

City of Cedar Rapids Housing Services
101 First Street SE
Cedar Rapids, IA 52401

(319) 286-5872

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 and 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.

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
- Social Service Agencies
- State Unemployment Agencies
- State Wage Information Collection 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
- Internal Revenue Service

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

 Date

 Other Family Member over age 18

 Date

 Other Family Member over age 18

 Date

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.