



# Request for Change in Family Income

Name of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Client ID # \_\_\_\_\_ Social Security# \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Is this a request for a family member that is not the Head of Household? YES or NO

If yes please list the name of the family member: \_\_\_\_\_

Employment Changes	Other Household Income Changes																												
<b>Work:</b> <input type="checkbox"/> Loss of employment Start Date _____ End Date _____  <input type="checkbox"/> Changed Jobs Start Date _____  <input type="checkbox"/> Wages Decreased <input type="checkbox"/> Hours Decrease What date did the decrease begin? _____  <input type="checkbox"/> Other (Complete attached declaration form)  <b>Required Documentation</b> <input type="checkbox"/> Employer Letter on Company letter head (Name, Address, Phone number and Fax for employer and Last date of employment and letter must be dated) <input type="checkbox"/> 4 consecutive pay stubs (reduction of wages and hours only) <input type="checkbox"/> Must complete 3 <sup>rd</sup> party verification form (see attached)	<table border="0"> <thead> <tr> <th></th> <th>Stopped</th> <th>Increase</th> <th>Decrease</th> </tr> </thead> <tbody> <tr> <td>Unemployment</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>TANF</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SS/SSI</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Child Support</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Child Care</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Contributions</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <b>Requires Documentation (attach the following)</b> <input type="checkbox"/> Unemployment Status letter <input type="checkbox"/> Letter from Social Security, TANF, SNAP <input type="checkbox"/> Copy of check/print out/Court document <input type="checkbox"/> Certification for Childcare Expense form <input type="checkbox"/> Name, Address, Phone number and Fax for Child Care Provider <input type="checkbox"/> Contribution letter (Must include name, address and phone number of person providing regular contributions & gifts)		Stopped	Increase	Decrease	Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SS/SSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Change in Student Status	Check other request submitted within the last 3 months																												
Start Date for Change _____  <input type="checkbox"/> Full time Student <input type="checkbox"/> Part Time Student  Number of Hours for : _____  <b>Required Documentation</b> <input type="checkbox"/> Current School Schedule <input type="checkbox"/> Name, Address, Phone number and Fax for School	<b>MUST COMPLETE THIS SECTION:</b>  Change of Family Composition <input type="checkbox"/> Request to Relocate Form <input type="checkbox"/> Request to Port/Transfer Form <input type="checkbox"/> Reasonable Accommodations <input type="checkbox"/> No request were submitted within the last 3 months <input type="checkbox"/>																												

Signature of Head of Household \_\_\_\_\_

Date \_\_\_\_\_





Houston Housing Authority

2640 Fountain View Dr. | Houston, Texas 77057 | Phone: 713.260.0500 | TTY: 713.260.0547 | [www.housingforhouston.com](http://www.housingforhouston.com)

## Housing Choice Voucher Program DECLARATIONS

(Please Print)

Client's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

***I would like to declare the following:***

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\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your address

\_\_\_\_\_  
Your phone #

\_\_\_\_\_  
Email



Individuals with disabilities may contact the 504/ADA Administrator at 713-260-0353, TTY 713-260-0547 or [504ADA@housingforhouston.com](mailto:504ADA@housingforhouston.com)



## Certification of Information

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES 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 AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.**

I hereby certify that all of the information I have provided on this reexamination form is true and complete.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Phone Number

\_\_\_\_\_  
Name & Phone Number of an  
Emergency Contact

\_\_\_\_\_  
Email Address





## Family Income -- 3rd Party Verification Contact Information

### This form must be completed

**Employment (If applicable) check one:** ☐ Previous or ☐ Current

Corporate Company Name: \_\_\_\_\_

Corporate Company Address: \_\_\_\_\_

Phone number#: \_\_\_\_\_ Fax# \_\_\_\_\_

Address of actual work location: \_\_\_\_\_

### **Contributions (If applicable)**

Contributors Name: \_\_\_\_\_

Contributors Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax# \_\_\_\_\_

### **School Verification (If applicable - 18 and older)**

Name of School: \_\_\_\_\_

School address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax# \_\_\_\_\_

### **Child Care Provider (If applicable)**

Name of Child Care Provider: \_\_\_\_\_

Child Care Providers address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax# \_\_\_\_\_

### **Child Support (all filed child support orders, regardless of whether payment is received and proof of payment)**

Cause# \_\_\_\_\_

CIN# \_\_\_\_\_

### **Unemployment Benefits (If applicable)**

Did you apply for unemployment benefits?

☐ Yes (Attach status letter)

☐ No (Must apply and provide proof)

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Weekly Benefit Amount: \_\_\_\_\_





## AUTHORIZATION FOR RELEASE OF INFORMATION

### CONSENT

I authorize and direct any federal, state or local agency, organization, business, or individual to release to the Houston Housing Authority any information or materials needed to complete and verify my application for housing assistance and/or to maintain my continued occupancy of housing furnished by or through the Housing Authority. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Housing Authority in administering and enforcing program rules and policies.

I also consent for HUD or the Housing Authority to release information from my participant file related to my rental history to credit bureaus, collections agencies and/or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

I authorize the Houston Housing Authority to release to any entity or person any information relating to me if the Houston Housing Authority determines that releasing such information might lead to additional assistance being provided to me.

### INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be requested; this includes but is not limited to:

Identity and Marital Status  
Medical or Child Care Allowances  
Employment, Income, and Assets

Residences and Rental Activity Income  
Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility and continued participation in a housing assistance program.

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) includes, but not limited to:

Previous Landlords (including  
Public Housing Agencies)  
Law Enforcement Agencies  
Support and Alimony Providers  
Utility Companies  
Medical and Child Care Providers

Veteran's Administration  
Welfare Agencies  
Schools and Colleges  
Credit Bureaus and Providers  
Mortgage Companies

Retirement/Pensions  
Courts and Post Offices  
Social Security  
Administration  
Lending Institutions

### COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that the Housing Authority may conduct computer-matching programs to verify the information supplied for my application or re-examination. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the Housing Authority may, in the course of its duties exchange such automated information with other federal, state, or local agencies, including but not limited to State Employment Security agencies; Department of Defense; Office of Personnel Management; U.S. Postal Services; Social Security Agency; and State Welfare and food stamp agencies.





### CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and three months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Signature(s)

Printed Name

Date

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Spouse/Co-Head

\_\_\_\_\_  
Adult Member

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for a copy of a tax form" must be prepared and signed separately.



# 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

OMB CONTROL NUMBER: 2501-0014

PHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

**Houston Housing Authority**  
**2640 Fountain View Suite 100**  
**Houston, TX 77057**

IHA Requesting Release of information 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 61 03(l)(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.





**HOUSTON**  
HOUSING AUTHORITY

**Transforming Lives & Communities**

2640 Fountain View Drive ■ Houston, Texas 77057 ■ 713.260.0500 P ■ 713.260.0547 TTY ■ [www.housingforhouston.com](http://www.housingforhouston.com)

## **Housing Choice Voucher Program**

### **REGULAR CONTRIBUTIONS & GIFTS**

**\_\_\_\_\_ has stated that you assist him/her in support of their family.**

**(Print Name of Client)**

- **The following Contribution form provided with this document is to be filled out by the person who provides assistance to the client listed above in support of his/her family.**
- **The person completing this form must sign and print their name and list their relationship to the client listed above.**
- **You must complete this form listing dollar amount(s) next to the area you provide support.**
- **If you pay Child Support that has not been ordered by the court, indicate what means of support you provide.**
- **If you are supporting the above client until they are able to provide their own means of income, identify the means of support that best describes the support that you provide on the following documents.**

**PLEASE MAKE CERTAIN YOU READ AND UNDERSTAND THE ABOVE  
INFORMATION BEFORE YOU COMPLETE AND SIGN THE ATTACHED FORM.**



# HOUSTON HOUSING AUTHORITY

Transforming Lives & Communities

2640 Fountain View Drive ■ Houston, Texas 77057 ■ 713.260.0500 P ■ 713.260.0547 TTY ■ [www.housingforhouston.com](http://www.housingforhouston.com)

## Housing Choice Voucher Program – Regular Contributions & Gifts Certification

I, \_\_\_\_\_, certify that I contribute the following items  
(Name of person providing contribution)  
in support of their family.

<u>ITEM</u>	<u>AMOUNT</u>	<u>WEEKLY</u>	<u>MONTHLY</u>
Cash:	_____	_____	_____
Rent:	_____	_____	_____
Utilities: Electric	_____	_____	_____
Gas	_____	_____	_____
Water/Sewer	_____	_____	_____
Phone	_____	_____	_____
Groceries:	_____	_____	_____
Personal Hygiene Products:	_____	_____	_____
Child Care:	_____	_____	_____
Automobile: Gas	_____	_____	_____
Oil	_____	_____	_____
Repairs	_____	_____	_____
Notes	_____	_____	_____
Insurance	_____	_____	_____
Bus Fare Transportation:	_____	_____	_____
Health: Life	_____	_____	_____
Medical	_____	_____	_____
Dental	_____	_____	_____
Legal:	_____	_____	_____
Clothing:	_____	_____	_____
Laundry/Dry Cleaning:	_____	_____	_____
TOTAL:	\$ _____	\$ _____	\$ _____

\_\_\_\_\_  
(Signature of Individual Providing Contribution)

\_\_\_\_\_  
(Relationship to Client)

\_\_\_\_\_  
(Date)