

HOUSING CHOICE VOUCHER INCOME CHANGE FORM

This form is to report any changes of income that have occur in your household. New income in the household must be reported within 30 calendar days of the date the change takes effect. **A delay in reporting new income as required results in forfeiting the right to 30 day notice of increase to your rent portion.**

You must provide documentation to support your changes along with this form. All adults in the household must sign the form and release of information.

Failure to submit complete information or to include required documentation may result in a delay for your change.

When reporting a decrease in income in the household, you must submit this form to the office no later than the 25th of the month to be affective the 1st of the following month. However, if the information cannot be verified until after the date the change would have become effective, the change will be made retroactively.

All interim changes submitted are subject to verification. Allow approximately two to four weeks for processing. Please follow up and contact MHA if you do not receive documentation of the changes in the mail after four weeks.

WORKER'S NAME: _____

Head of Household: _____

Address _____ Meriden, CT

Tel # _____ Email: _____

FOR OFFICE USE ONLY

Are you reporting income changes for Head of Household? Or Family member(s)?

If it is a family member, provide information of the family member below

Name (1) _____ SSN: _____ - _____ - _____ Relationship _____

Name (2) _____ SSN: _____ - _____ - _____ Relationship _____

LIST SOURCE OF INCOME	CHECK ONE	LIST PREVIOUS & CURRENT AMOUNT	LIST START & END DATES
Salary Income: Employer Name: _____ Address: _____ Tel# _____ Fax: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Amount \$ _____ Current Amount \$ _____ Choose document type attached <input type="checkbox"/> Paystubs <input type="checkbox"/> Letter from employer	Start date: _____ End date: _____
Salary Income: Employer Name: _____ Address: _____ Tel# _____ Fax: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Amount \$ _____ Current Amount \$ _____ Choose document type attached <input type="checkbox"/> Paystubs <input type="checkbox"/> Letter from employer	Start date: _____ End date: _____

Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Amount \$ _____ Current Amount \$ _____	Start date: _____ End date: _____
Child Support Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Amount \$ _____ Current Amount \$ _____	Start date: _____ End date: _____
TANF(AFDC/SAGA/Welfare or state cash assistance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Amount \$ _____ Current Amount \$ _____	Start date: _____ End date: _____
Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Amount \$ _____ Current Amount \$ _____	Start date: _____ End date: _____
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Amount \$ _____ Current Amount \$ _____	Start date: _____ End date: _____
SSI Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Amount \$ _____ Current Amount \$ _____	Start date: _____ End date: _____
Child care expenses/Care 4 Kids	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Cost per week \$ _____ Current cost per week \$ _____ Document type attached <input type="checkbox"/> Care 4 Kids Certificate <input type="checkbox"/> Child care expenses form <input type="checkbox"/> Proof of payment/receipt	Start date: _____ End date: _____
Other income not listed above. Example, Pension benefits, VA benefits, military pay, worker's compensation, alimony, severance pay, annuities, Etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Amount \$ _____ Current Amount \$ _____	Start date: _____ End date: _____

I/we certify that the information above and any attachments given to MHA are accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal and state law, and are grounds for termination of my/our assistance. I also understand that any change of income in my household must be reported to the MHA no later than 30 calendar days.

Signature of head of household

Date _____

Signature of adult family household member over 18

Date _____

Signature of adult family household member over 18

Date _____

Warning: Section 35 (a) of the United States Criminal Code makes it a criminal offense, punishable by a maximum of 10 years imprisonment, \$10,000 fine or both, to make false statement or representation to any department or agency of the United State as to any matter within their jurisdiction

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.