



# Housing Authority of Park Forest Interim Packet

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

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

## Requesting Adjustment

Please provide paperwork for all applicable changes.

NOTE: Allow at least 30 days to verify and process adjustment.

**Source of income (employment, SSI, child support, etc...):**

Increase (explain): \_\_\_\_\_

Decrease (explain): \_\_\_\_\_

**Expenses (child care, medical):**

Increase (explain): \_\_\_\_\_

Decrease (explain): \_\_\_\_\_

**Household composition:**

Removing family member: \_\_\_\_\_

Adding a family member: \_\_\_\_\_

**(Must be pre-approved by the Housing Authority and Landlord)**

**Other:**

Full-time Student Status: \_\_\_\_\_

(Other household members 18 years and older)

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

\_\_\_\_\_  
Date

Please allow at least 30 days to verify and process this Adjustment.



# Housing Authority of Park Forest Interim Packet

## General Family Information

(Please print clearly)

Head of household: \_\_\_\_\_ Address: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Home telephone: \_\_\_\_\_

Work telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Household Members

Please list all members of the household beginning with the head of the house

	Name	Relationship	Sex	Age	Birth Date	Occupation or School name	Social Security #	Birth Place
1	Head	Self						
2								
3								
4								
5								

## Adding/Removing Household Member

	Name	Relationship	Sex	Age	Birth Date	Occupation or School name	Social Security #	Add/Remove
1								
2								

### Note:

When requesting to add a person to your voucher, please note that they will have to be pre-approved by the Housing Authority and landlord before they can be added. We will also need a copy of any and all documentation for said person that includes but not limited to birth certificate, social security card, any income they may have, etc... Anyone that is 18 years and older will be subjected to a background check.

When removing a person from your voucher, please note that the Housing Authority will need a copy of one of these items showing that the removed household member is no longer living in the unit: current lease, mail, state issued ID, etc... If you are unable to provide any of the above proof, you will need to sign a form provided by the Housing Authority and have it notarized in lieu of this.

**Please allow at least 30 days to verify and process this Adjustment.**

**Total Household Income and Assets**

List all income for every member of the household:

Family Member (Name)	Source of Income (Work, SSI, etc...)	Amount/Rate of Pay (weekly, monthly, yearly)	Assets (bank account(s), property, etc...)	Assets Value (\$)	Employment Information (Name, Address & Phone #)

**Expenses**

**Childcare** (Please only list child care for children under 13 or disabled):

Child's Name	Child Care Provider's Name	Address	Rate/Amount paid

**Medical** (Please only list medical expense for head of household, spouse and co-head who are either elderly and/or disabled):

Name	Amount	How often (weekly, monthly, etc...)	Reason for payment

**Full-time Student**

Student Name	School Name	School's Address	School's Phone #

Please allow at least 30 days to verify and process this Adjustment.

## Declaration Form

*To intentionally withhold information, or submit false information that will alter the outcome of your assistance – is considered fraud.*

*Please review the information you have provided for accuracy. It is your responsibility to report all household income. Failure to do so may result in re-payment of housing assistance payments and or loss of your assistance.*

**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.**

The Department of Housing and Urban Development who administers the Housing Choice Voucher Program is one such agency.

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Please read the statement below and sign.

I do hereby swear and attest that all of the information submitted is accurate.

I understand that the consent for information form that I signed will allow the Housing Authority to request verification for any information supplied.

I understand that it is my responsibility to report changes in income and family composition **within 10 days of occurrence – in writing.**

**I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law and is grounds for termination of housing assistance.**

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Signature of Head of Household/Date

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Signature of Spouse/Date

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Signature of other Adult/Date

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Signature of other Adult/Date

Please allow at least 30 days to verify and process this Adjustment.

# Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing and Urban Development  
Office of Housing  
Federal Housing Commissioner

<p>HUD Office requesting release of Information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):</p>	<p>O/A requesting release of information (Owner should provide the full name and address of the Owner.):</p>	<p>PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): Housing Authority of Park Forest 350 Victory Dr. Park Forest II 60466</p>
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**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

**Purpose:** In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

**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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

**Consent:** I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

_____	_____	_____	_____
Head of Household	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Spouse	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date