

FOR ALL CHANGES REQUESTED – PLEASE READ THIS NOTICE

Dear HCV Client

By completing the Interim Change Packet, you are reporting a change in your circumstances. In order for the HAPF to process your request in a timely manner you must complete the attached packet with your current information and **submit all supporting documentation** when returning this packet. If you do not have the information with you today you may take the form with you and return it with all supporting documentation. Please allow 30 days for the processing of this change.

Employment Verification

You must submit a letter from your employer on company letterhead stating your last day of employment. If you are receiving unemployment, you must submit the statement from the IDES.

If your employment is new employment, you must submit a letter from the employer on company letterhead stating your start date, the number of hours you will work per week and the hourly rate of pay or once you receive 6 check stubs you must submit them to our office.

Change in Work Hours

You must submit a letter from the employer on company letterhead stating the change in your hours and how long the change is expected to last or provide 6 paycheck stubs to support the change (increase or decrease) that is being reported.

Change in Benefits

You must submit a notice from the agency including the date and amount of the change or loss of benefits.

If the change of income results in Zero income you must also complete a Zero Income Form and submit it with this current information packet.

Change in Family Size

If removing an individual from your household you must submit the following: Person Out of the Unit Form. A written statement from the individual that is being removed and proof of the address where they now reside (ex. Photo ID, Executed Lease, or utility bill).

Adding individual to your household you must submit the following:

1. An authorized letter from your current landlord listing the name of the individual you are requesting to be added
2. If the individual is under the age of 18 you must provide documentation from the courts showing that you are the legal guardian for the minor.
3. If the individual is 18 years of age or older they must complete the HAPF Background Check Release form.
4. Copy of the Social Security Card and Birth Certificate for the individual you are requesting to be added. A valid government issued I.D. for individuals 18 years of age or older.
5. Proof of income and/or adult student information for the individual you are requesting to be added.
6. If they are not working, a Zero Income Form will be required for that individual. Please note the person you are requesting to add to your household will be subject to all background checks and income guidelines.

Student Status

If you have a child who is over the age of 18 and a full time student and you would like to receive a dependent deduction for them you must submit a current school schedule and financial aid information.

We greatly appreciate your cooperation in providing the necessary information so your request can be processed in a timely manner.

Housing Authority of Park Forest

PLEASE REMEMBER TO SUBMIT ALL NECESSARY DOCUMENTATION WITH THIS CHANGE REQUEST!



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-approve 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.

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.

Signature of Head of Household/Date

Signature of Spouse/Date

Signature of other Adult/Date

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	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
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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