



# 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																												
<p><b>Work:</b></p> <p><input type="checkbox"/> Loss of employment Start Date _____ End Date _____</p> <p><input type="checkbox"/> Changed Jobs Start Date _____</p> <p><input type="checkbox"/> Wages Decreased      <input type="checkbox"/> Hours Decrease What date did the decrease begin? _____</p> <p><input type="checkbox"/> Other (Complete attached declaration form)</p> <p><b>Required Documentation</b></p> <p><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)</p> <p><input type="checkbox"/> 4 consecutive pay stubs (reduction of wages and hours only)</p> <p><input type="checkbox"/> Must complete 3<sup>rd</sup> party verification form (see attached)</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:10%; text-align: center;">Stopped</th> <th style="width:10%; text-align: center;">Increase</th> <th style="width:10%; text-align: center;">Decrease</th> </tr> </thead> <tbody> <tr> <td>Unemployment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>TANF</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>SS/SSI</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Child Support</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Child Care</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Contributions</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p><b>Requires Documentation (attach the following)</b></p> <p><input type="checkbox"/> Unemployment Status letter</p> <p><input type="checkbox"/> Letter from Social Security, TANF, SNAP</p> <p><input type="checkbox"/> Copy of check/print out/Court document</p> <p><input type="checkbox"/> Certification for Childcare Expense form</p> <p><input type="checkbox"/> Name, Address, Phone number and Fax for Child Care Provider</p> <p><input type="checkbox"/> Contribution letter (Must include name, address and phone number of person providing regular contributions &amp; gifts)</p>		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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Change in Student Status	Check other request submitted within the last 3 months																												
<p>Start Date for Change _____</p> <p><input type="checkbox"/> Full time Student      <input type="checkbox"/> Part Time Student</p> <p>Number of Hours for : _____</p> <p><b>Required Documentation</b></p> <p><input type="checkbox"/> Current School Schedule</p> <p><input type="checkbox"/> Name, Address, Phone number and Fax for School</p>	<p><b>MUST COMPLETE THIS SECTION:</b></p> <p>Change of Family Composition      <input type="checkbox"/></p> <p>Request to Relocate Form      <input type="checkbox"/></p> <p>Request to Port/Transfer Form      <input type="checkbox"/></p> <p>Reasonable Accommodations      <input type="checkbox"/></p> <p>No request were submitted within the last 3 months      <input type="checkbox"/></p>																												

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



## 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 Housing Alliance HTX 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 Housing Alliance HTX to release to any entity or person any information relating to me if the Housing Alliance HTX 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	Residences and Rental Activity Income
Medical or Child Care Allowances	Credit and Criminal Activity
Employment, Income, and Assets	

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)	Veteran's Administration	Retirement/Pensions
Law Enforcement Agencies	Welfare Agencies	Courts and Post Offices
Support and Alimony Providers	Schools and Colleges	Social Security Administration
Utility Companies	Credit Bureaus and Providers	Lending Institutions
Medical and Child Care Providers	Mortgage Companies	

### 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 and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

### PHA or IHA requesting release of information (full address, name of contact person, and date):

Housing Alliance HTX  
2640 Fountain View Dr.  
Houston, TX 77057

**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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice 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.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

### Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 6103(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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

**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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**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 Advisory.** 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



# HOUSING ALLIANCE HTX

2640 Fountain View Drive ■ Houston, Texas 77057 ■ 713.260.0500 P ■ 711 TTY

## ZERO INCOME/CONTRIBUTIONS AFFADAVIT

Head of House Name: \_\_\_\_\_

Client Entity ID: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

1. List all adults (18+) who currently live in the household:

_____	_____
_____	_____
_____	_____
_____	_____

2. Are you or anyone in your household working (employed, odd jobs, self-employed)?  Yes  No

2a. If yes, who and what do they do?

\_\_\_\_\_

\_\_\_\_\_

3. Does anyone in your household receive payment from any of the following sources? (check all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Employment                  | <input type="checkbox"/> Veterans Benefits             | <input type="checkbox"/> Other Pension(s)      |
| <input type="checkbox"/> Social Security/SSI         | <input type="checkbox"/> Unemployment Benefits         | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Court-Ordered Child Support | <input type="checkbox"/> TANF/ Cash Assistance         | <input type="checkbox"/> Alimony               |
| <input type="checkbox"/> Gifts/Contributions         | <input type="checkbox"/> Non-Court Order Child Support | <input type="checkbox"/> Other _____           |

4. If you checked yes to Question #2 or checked any box in Question #3, **STOP and provide the verification**. You do not have to complete the attached Zero Income/Contribution Affidavit.

Income	Required Document
Employment	(2 - 4) current and consecutive check stubs
Social Security/ SSI/ Veterans Benefits	Current year award letter
Court-Ordered Child Support	Payment history printout (e.g. OAG letter, online letter)
Unemployment Benefits	Statement of weekly benefits
TANF / Cash Assistance	Current year award letter
Self-Employment	Prior year's tax return (e.g. Independent hairdresser, babysitter, business)

