

Participant Report of Change **Increase**

Please Note: The Housing Authority will require a new hire letter, award letter or last three paystubs and employers full contact information. Please read the second page for more instructions.

Head of Household: _____ SS#: _____

Address: _____ Worker: _____

Home Phone: _____ Cell Phone: _____ Message Phone: _____

E-Mail: _____

1. **My income has INCREASED. (Attach a new hire letter, award letter or last three paystubs)**

Date of Change: _____ Name of person with change: _____

Employer/Agency: _____

Full Address: _____

Managers Name: _____

Contact Number: _____ Fax Number: _____

*** Note: You must continue paying your current rent portion until you receive a new Notice of Rent Amount from the Housing Authority. The AHA will process interims within 45 days of receiving ALL required information and documentation.**

2. **Student Status Change:** An adult member of my household (someone other than the head of household) **Is** or **is no longer** a **FULL TIME** student (as defined by the school or program) at a school or job training program.

Adult Student's Full Name	College/Program & Address	# Units	Date of Change

3. **Other:** Explain

SIGNATURE _____

(Head of Household)

Date

Participant Report of Change

Housing Authority of the City of Alameda

701 Atlantic Ave. Alameda, CA 94501
Phone: (510) 747-4300 FAX: (510) 864-0879

Instructions for the Participant Report of Change Form

If there is a change in your household income or composition, you are required to report and provide verification to the Housing Authority within 14 days of the occurrence.

Your portion of the rent will not decrease until the month following the month that you submit **all** required documentation, no matter when the change actually occurred. Simply informing the Housing Authority orally or in writing is not sufficient. The Housing Authority must verify the information before adjusting your rent.

Failure to provide required information that would cause your rent to increase within 14 days of the occurrence may cause the Housing Authority to require you to retroactively pay back the overpayment to the Housing Authority and could result in your termination from the Housing Assistance program.

If the household income has increased, you must provide the following:

- ✓ Describe the increase
- ✓ Effective Date
- ✓ Income: **Attach verification** of Benefit award letter for disability, worker's comp., unemployment, SSI, SSA, TANF, CALWORKS, GA, VA, or student financial aid/work-study/loan, wage employment verification form, payroll check stubs, W-2 forms, child support award letter, DA award verification, copies of checks, customer receipts, business records, etc.
- ✓ Asset: **Attach Verification**, bank statements, stock certificate, copy of bonds, title of real property, appraisal of investment collection, etc.

If the household income has decreased, you must provide the following:

- ✓ Describe the decrease
- ✓ Effective Date
- ✓ Attach verification of the income decrease

If you want to add a person to the household, you must first get approval from the Housing Authority **and** your landlord.

The following paperwork must be submitted.

- ✓ Tenant Report of Change Form
- ✓ Letter from Landlord authorizing additional member (unless adopted/birth)
- ✓ Authorization for the Release of Information/Privacy Act Notice (adults 18 or older)
- ✓ Family Obligations Form (adults 18 or older)
- ✓ Authorization to Release Information (adults 18 or older)
- ✓ Copy of Birth Certificate
- ✓ Copy of Social Security Card
- ✓ Certification of Immigration Status/Citizenship Form
- ✓ Driver's License or California Identification Card (adults 18 or older)
- ✓ Criminal background screening release form (adults 18 or older)
- ✓ Income information for new person (including children-i.e., SSI or TANF)

If you want to report that a household member has moved out of the unit, you must notify the Housing Authority and provide verification of the person's new residence. Proof can include:

- ✓ Copy of new lease
- ✓ Copy of name on utility bill
- ✓ If either is not available, several pieces of other mail at new address
- ✓ If not available, make a statement as to why information is not available, provide as much information of new residence as possible in a sworn affidavit and the Housing Authority may follow up with a Post Office verification that the person is no longer receiving mail.
- ✓ You must report within 14 days if the person returns to the household, and the person may be required to submit new verification and documentation when appropriate.

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

exp. 1/31/2014

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

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

Housing Authority of the City of Alameda
701 Atlantic Ave.
Alameda, CA 94501

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 6103(I)(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.



Housing Authority of the City of Alameda

DOC #4
2019– Annual Exam

701 Atlantic Avenue - Alameda, California 94501-2161 - TEL: (510) 747-4300 - FAX: (510) 864-0879 - TDD: (510) 522-8467

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize and consent to allow the Housing Authority of the City of Alameda to request and obtain income and status information from the sources listed below to verify eligibility and level of benefits under the HUD's assisted housing program.

This consent form expires **15 months** after signed.

Signatures:

_____ Name of Head of Household	_____ Signature	_____ Social Security No.	_____ Date
_____ Name of Co-Head or Spouse	_____ Signature	_____ Social Security No.	_____ Date
_____ Name of other family members +18 years	_____ Signature	_____ Social Security No.	_____ Date
_____ Name of other family members +18 years	_____ Signature	_____ Social Security No.	_____ Date
_____ Name of other family members +18 years	_____ Signature	_____ Social Security No.	_____ Date
_____ Name of other family members +18 years	_____ Signature	_____ Social Security No.	_____ Date

STOP DO NOT WRITE BELOW THIS LINE

FOR HOUSING AUTHORITY USE ONLY.

1. _____ Department of Social Services
2. _____ Department of Veterans Affairs
3. _____ Social Security Administration
4. _____ District Attorney's Office of the Family Support Division
5. _____ Title Insurance of Property Transaction, Escrow number _____
6. _____ Life Insurance
7. _____ Credit Reports or Credit Application for _____
8. _____ Medical Record(s) Certification of Disability
9. _____ Verification of Admittance to Health Care Facility
10. _____ Verification of In-Home Support Services approval and services
11. _____ Child Care Verification
12. _____ Student Status Verification
13. _____ Release of Criminal Conviction History
14. _____ Release of Information from CA Police Departments
15. _____ Release of Information from CA Department of Corrections
16. _____ Release of Information from Department of Homeland Security
17. _____ Pensions/Annuities
18. _____ Other _____



Housing Authority of the City of Alameda

701 Atlantic Avenue - Alameda, California 94501-2161 - TEL: (510) 747-4300 - FAX: (510) 522-7848 - TDD: (510) 522-8467

DOC #6 2019

- Annual
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You Must Report Within 14 Days of Change:

- **All changes in Household Composition:**
 - **Someone moves out**
 - **Someone moves in**
 - **A Child is born, adopted or court awarded custody**
 - **Getting married**
 - **Getting divorced**
 - **Someone dies**
 - **Someone in hospital or incarcerated**
 - **Child turns 18 years old**

All changes in Household Income:

- **Income increases**
 - **Income decreases**
 - **Get a job**
 - **Get a 2nd job**
 - **Start receiving benefits**
 - **Benefits end**
 - **Unemployment**
 - **Child over 18 yrs old starts working**
 - **Student status changes of persons over 18 yrs old.**
- **All family members income, including children, must be reported.**
 - **All un-reimbursed medical expenses (for **Disabled Households only**)**
 - **Prescribed medical expenses that are not covered by insurance**
 - **All child care expenses for children 12 yrs. old and younger**

I have read and understand the above information:

Signature

Date