



Received by (initials)	
Date	

**CHANGE OF INCOME/FAMILY COMPOSITION FORM
EFFECTIVE 8/1/2010**

Please Print Clearly

Date: _____

(Head of Household) Name: _____

Soc. Sec. #: _____ Telephone: _____

All changes (increase/decrease) in income, household compositions and assets must be reported in writing by 15th of the month. **Your rent amount may not change if your increase does not fall within the \$200 or more per month or is less than \$2400 per year threshold.** Decreases must be verified by the end of the month in order for the change to be effective the next following month. **EXAMPLE: Decreases** reported on 1/15/2008 and verified by the 30th of the month will go in to effect on 2/1/2008. **Increases** will not be effective the next following month but will be effective the month following a thirty days notice. **EXAMPLE: Increases** reported on 1/15/2008 and verified by the 16th or 30th of the month will be effective 3/1/2008.

You must report all changes in your income and household composition: If you have experienced a change in your household and are not sure that you need to report it. Report it to your caseworker and let your caseworker tell you whether or not a change will be made to your portion of the rent. If you fail to report your changes you will be placed on a repayment agreement for thirty (30) days and the amount that you owe must be paid in full. If debt owed is not paid in full you will be terminated from the program.

CHANGES TO FAMILY RENT WILL NOT BE PROCESSED WITHOUT PROPER DOCUMENTATION AND THIRD PARTY VERIFICATION OF ALL FAMILY INCOME AND HOUSEHOLD COMPOSITION. Failure to report changes could result in:

- a. Owing a debt to GHA
- b. Full payment of the entire debt owed
- c. Housing Assistance terminated, if you failed to pay debt in full
- d. Your name and the debt owed will be submitted to Enterprise Income Verification (EIV) which is a computerized web-based system that will show the amount of debt owed to GHA and the reason for your termination. This information will be shared with all federally assisted Housing Programs nationwide. You will not be able to apply for any housing assistance program until the debt is paid in full
- e. Any debt owed in the amount of \$5,000 or more will be sent to the Office of Inspector General (OIG) for prosecution, fined \$10,000 and/or imprisonment in the state correctional system or both

Please Check all that Apply

_____ Add a family member

_____ Remove a family member

- **Family Composition (a change in Family Composition constitutes anyone moving in or out of the unit. Married, Divorced, Adoption, Foster Care, Birth, Deceased etc.....). A criminal background check must be completed on all members 18 years or older that are being added to the lease. You must prove family relationships.**

Please Specify: Name _____
SSN _____

Age _____

Reason for adding or removing family member: _____

INCOME CHANGES (A change in income constitutes a increase/decrease in income such as TANF, Social Security, SSI, inheritance , child support, unemployment, etc

Please specify income change:

LOST INCOME: ___ YES ___ NO

NEW INCOME ___ YES ___ NO

ADDITIONAL INCOME ___ YES ___ NO

Type of Income: _____

Name of Family Member: _____

Name of Income Source: _____

Address, City, State, Zip Code: _____

Phone# _____ FAX# _____

Other Changes: Includes Child Care and Assets

Type of Change _____

Name of Family Member _____

Name and Address of Child Care Provider: _____

Phone # _____ Fax # _____

ASSETS:

If you are reporting assets you must complete the Asset Certification Form. All Assets are listed on the Form. Please select all assets that apply to you and include your account numbers:

Do you have Assets? ___ Yes ___ NO

I certify the above information provided is accurate to the best of my knowledge. I understand that providing false information is grounds for termination of my housing assistance and up to a 10,000 fine/and or imprisonment for up to 5 years.

Signature

Date

Housing Representative

Date

Authorization for the Release of Information

Tenant ID V70

HA requesting release of information:

City of Garland Housing Agency
210 Carver Street., Ste 201B
Garland, TX 75040

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 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 information that is obtained based on the consent 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.

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. 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
_____	_____	_____
Spouse	Date	Other Family Member over age 18
_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18

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 this form is restricted to the purposes cited above. 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.



Garland Housing Agency
APPLICATION FOR RE-CERTIFICATION
Section 8 Housing Choice Voucher Program

Limited English Proficiency:

Do you require oral and/or written information in any language other than English? Yes No

If yes, which language: _____ Contact your housing representative.

If no, continue.

Complete this form in ink in your own handwriting. Use the correct legal name for each person who will reside in the same unit exactly as it appears on his/her Social Security card. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. If a section does not apply to you, write N/A in it.

Applicant Name: _____

Current Address: _____ Apt. No. _____

City _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone # _____ Cell Phone #: _____

Email address: _____

Emergency Contact Information Name: _____

Address: _____

City _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone # _____ Cell Phone #: _____

Email address: _____

Social Security Number: Is any household member's current legal name different than the name on his/her Social Security card? Yes No

If yes, contact the Social Security office immediately to obtain a corrected card with your current legal name.

Has any adult member ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes No

If yes explain _____

RE-CERTIFICATION APPLICATION – Section 8 Housing Choice Voucher Program

- I. HOUSEHOLD COMPOSITION (list all persons who will stay in the apartment)
**Participants are not required to disclose being disabled. However, benefits for which persons with disabilities are entitled cannot be provided unless the participant discloses being disabled.*

Adults (age 18 and older)	Social Security #	Relation to Head	Sex	Race and Ethnicity	Birth Date	Age	Disabled* Yes/No	Student Year/No	List most recent date	
									Employed	Received TANF
Last		HEAD								
First										
Last										
First										
Last										
First										

Minors (Under Age 18)	Social Security #	Relation to Head	Sex	Race/ Ethnicity	Birth Date	Age	Disabled* Y/N	Name/Address of Absent Parent (if applicable)
First								
Last								
First								
Last								
First								
Last								
First								

Additional Family Members:

Adults (age 18 and older)		Social Security #	Relation to Head	Sex	Race and Ethnicity	Birth Date	Age	Disabled* Yes/No	Student Yes/No	If Under 18: Name/Address of Absent Parent (if applicable)	List most recent date	
											Employed	Received TANF
Last												
First	MI											
Last												
First	MI											
Last												
First	MI											
Last												
First	MI											
Last												
First	MI											
Last												
First	MI											
Last												
First	MI											
Last												
First	MI											
Last												
First	MI											
Last												

I. Household Composition continued

1. Is any household member over age 18 a full time student (*other than head of household or spouse of head of household or co-head*)? Yes No

If yes, list name and the school they attend.

Full-Time Students: List the family member name and school name, address and phone number of all family Members who are attending school full time:	
a. Name of Family Member	
School Name:	
School Address:	
School Telephone Number: School FAX Number:	
a. Name of Family Member	
School Name:	
School Address:	
School Telephone Number: School FAX Number:	
a. Name of Family Member	
School Name:	
School Address:	
School Telephone Number: School FAX Number:	

2. Is the *Spouse of the Head of Household* (by ceremony or common law), temporarily absent from the home? Yes No

If yes, where? _____

When will the person return? _____

Does absent spouse have income? Yes No

If yes, list below:

a. _____

b. _____

3. Does anyone in your household require special accommodations due to a handicap or disability? Yes No

If yes, specify requirements: _____

4. Does any elderly or disabled household member require a Live-in Aid? Yes No

5. Do you have a pet? Yes No

Describe: _____

II. INCOME AVAILABLE TO HOUSEHOLD

List all income earned or received by everyone living in the household regardless of age.
List **gross** amounts of income (before deductions).

Income Source	Yes	No	Family Member	Source	Amount
Wages or Earnings					\$
					\$
TANF					\$
Pension or Retirement					\$
					\$
SSI					\$
					\$
Social Security					\$
					\$
Child Support					\$
					\$
Unemployment Benefits					\$
					\$
Worker's Compensation					\$
					\$
Alimony					\$
Military Income					\$
Regular Contributions or Gifts					\$
					\$
Self Employed (lawn care, hair stylist, baby sitting, adult care, etc.)					\$
Temp. / Sporadic Income					\$
Cyclical or Seasonal Work					\$
Student Financial Assistance (such as) Scholarships					\$
Grants					\$
Work study					\$
Lump Sum Payments					\$
Food Stamps					\$
Veterans Administration					\$

Previous Year's Tax Return. Indicate the amount of the gross income shown by each family member (other than minors) residing in your household who submitted an individual or joint Federal Income Tax Return.

Taxpayer	Date of Return	Gross Income
Taxpayer	Date of Return	Gross Income
Taxpayer	Date of Return	Gross Income

1. Does anyone outside the household help with bills on a regular basis? Yes No
2. If yes, list name of each person or agency that assists with bills:
 - a. _____
 - b. _____
 - c. _____
3. Is any household member age 18 or older employed in a job training program? Yes No
If yes, list his/her name and the specific job training program: _____
4. Has anyone in your household applied for any benefits which are in the process of being approved?
If yes, explain: _____
5. Has any household member been awarded:

Child Support	<input type="checkbox"/> Yes \$_____	<input type="checkbox"/> No
Alimony	<input type="checkbox"/> Yes \$_____	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is any household member in the armed services?
If yes, who? _____
7. Are you entitled to child support? Yes \$_____ No. Or Alimony? Yes \$_____ No
Do you receive child support? Yes \$_____ No. Or Alimony? Yes \$_____ No
8. If reporting zero income, how much is your rent and utilities? \$_____
9. Do you have a car? Yes No. If Yes, how do you make the payments? _____
Does someone make the car payments for you? Yes No. If Yes, who? _____

III. QUALIFYING FOR THE EARNED INCOME EXCLUSION (If there is not a disabled adult in the household, Skip to section IV ASSETS)

1. Has any disabled adult household member started a new job or had an increase in earnings since the last certification? Yes No. If Yes, who? _____ If No, skip to Section IV Assets.
2. How much did the person listed above earn in the 12 months immediately before their increased earnings or new employment? \$_____. Where was the previous employment? _____
3. Did the person listed above receive TANF Benefits at any time in the six (6) months before this employment or increase earnings began? Yes No. When? _____
4. Was the employed person participating in a self-sufficiency or job training program at the time they started this job or received an increase in earnings? Yes No. If Yes, list the training program and dates of enrollment: _____

IV. ASSETS

1. Does any household member listed have assets or receive income from assets? Check all that apply to household.

Type Asset		Type Asset	
Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate(s) of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company Retirement or Pension Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Has any asset been given away or sold for less than its fair market value in the past 2 years? Yes No
 If yes, what? _____
 What was its market value? \$ _____. How much did you receive? \$ _____

3. How much interest or other income have you received from assets? \$ _____

V. MEDICAL AND DISABILITY ASSISTANCE

1. List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. Do NOT include life or burial insurance premiums. (Complete only if the Head of household or Spouse is disabled or is 62 years of age or older.)

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
<u>Medical insurance(s)</u>	\$ _____	<u>Doctor's Visits</u>	\$ _____
<u>Prescription medicine(s)</u>	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

2. Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work? Yes No

If yes, Itemize:

a. _____

b. _____

c. _____

VI. CHILD CARE

1. Do you pay for Child Care for children age 12 or younger while you work, attend school, or seek employment? _____ If yes, to whom are expenses paid? _____
 How much per month? _____

2. Address of Child Care provider: _____
 Phone number of Child Care Provider _____

3. What amount is reimbursed? _____ Source: _____

VII. ADDITIONAL INFORMATION

1. Did you fail to report any income received by any members of your household during the past twelve (12) months to this Housing Agency? Yes No. If yes, list below the amounts of unreported income.
\$ _____ Source: Name _____ Address _____

2. Answer the following questions only if you are requesting a transfer or remaining in place.

A. Are you current with your share of the rent to the landlord? Yes No
If not, explain _____

B. Are all utilities (gas, electricity, water) on in your unit today? Yes No

All information provided on this application and at the interview is subject to verification. All family members age 18 or over should review the information on this form, the Federal Privacy Act, and all required releases which MUST be signed in order to be considered for housing.

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Authority within 14 days of such change for my application to remain valid. By my signature, I grant permission for the Housing Authority to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

Signature of Head of Household

Date

Signature of Spouse of Head of Household or Other Adult

Date

Signature of Other Adult

Date

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.
If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-669-9777.

I certify that the Housing Representative has explained every section of this application to the family and that Garland Housing Agency will verify all information provided by the family.

Housing Representative

Date