

CHANGE IN INCOME OR FAMILY COMPOSITION

* Decreases verified by the 10th of the month will be effective the 1st of the following month.*

NAME OF HEAD OF HOUSEHOLD: _____ FILE #: _____ HOUSING TECH: _____

EFFECTIVE DATE: ____/____/____ CURRENT PHONE NUMBER: () _____ REC'D BY: _____

1. WHAT SOURCE OF INCOME CHANGED? (For income changes, please complete sections 1-3.)

<input type="checkbox"/> Employment/Work <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security - SSI/SSDI <input type="checkbox"/> Disability – State/Workmen’s comp <input type="checkbox"/> CalWORKS <input type="checkbox"/> Food Stamps <input type="checkbox"/> Child/Spousal Support <input type="checkbox"/> Other income: _____ 2. HOW DID IT CHANGE? <input type="checkbox"/> Started <input type="checkbox"/> Stopped <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Job change/2 nd job <input type="checkbox"/> Other: _____	<p>A. Current/New Employer: _____ Address: _____ Phone number: () _____ - _____ Name of supervisor: _____</p> <p>B. Previous Employer: _____ Address: _____ Phone number: () _____ - _____ Name of supervisor: _____</p>
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3. WHAT VERIFICATION DO YOU HAVE OF THIS CHANGE? (Incomplete – if verification is not provided.)

<input type="checkbox"/> 2 Paystubs (required) <input type="checkbox"/> Unemployment EDD stub/Recent EDD Award Letter <input type="checkbox"/> Letter from employer stating work has ended	<input type="checkbox"/> Benefit letter from Social Security Admin. <input type="checkbox"/> Award Letter (Disability) Notice of Action from: <input type="checkbox"/> CalWORKS <input type="checkbox"/> Food Stamps	<input type="checkbox"/> Child support Verification - including court order amounts from website for 12 months. <input type="checkbox"/> Other: _____
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4. OTHER CHANGE: (Explain) _____

5. DELETE HOUSEHOLD MEMBER: (Name) _____

Verification of new address provided: i.e. lease, rent receipt, business mail, post office change of address letter, etc. (Verification must be included.)

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

I declare, under penalty of perjury, that the above information is true and complete.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

(HEAD OF HOUSEHOLD AND OTHER FAMILY MEMBERS OVER 18 AFFECTED MUST ALSO SIGN ON BACK!)

REVISED 10/2014

Authorization for the Release of Information

Tenant ID

PHA requesting release of Information:

Vacaville Housing Authority
 Solano County Housing Authority
 40 Eldridge Avenue, Suite 2
 Vacaville, CA 95688

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, welfare income, 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

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

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.

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 review and hearing procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies