



## HOUSING CHOICE VOUCHER INCOME CHANGE FORM

PLEASE PRINT ALL INFORMATION IN INK Caseworker \_\_\_\_\_

Head of Household \_\_\_\_\_ Last 4 digits, SS# \_\_\_\_\_

Address City State Zip \_\_\_\_\_

Name on file if different than above \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone # Home: \_\_\_\_\_ Work # \_\_\_\_\_ Cell/Other # \_\_\_\_\_

### INCOME CHANGES

All household income must be reported and a form must be completed for each household member within 10 business days of the date of change. If you fail to report your changes within the specified time frame, you may owe the Housing Authority for over-paid subsidy. You must provide the complete name and address of income source (if applicable). You must include documentation of changes.

If you have zero income, you will need to complete a "Zero Monthly Income Verification" Form (Available upon request from the Housing Authority).

Name of family member who has income change: \_\_\_\_\_ Social Security # \_\_\_\_\_

Is this member a student?  Yes  No School enrolled in: \_\_\_\_\_

**EMPLOYMENT:**  New  Quit  Terminated  Layoff  Increase  Decrease

**\*Include copy of documentation regarding change in employment. This may include 3 months of check stubs.**

Date of Change \_\_\_\_\_ Date of last check \_\_\_\_\_ Average Hours Worked Per Week \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_

Income Amount: Monthly \$ \_\_\_\_\_ Bimonthly \$ \_\_\_\_\_ Biweekly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_ Hourly \$ \_\_\_\_\_

**UNEMPLOYMENT:**  Applied  New  Decrease  Increase  Terminated

**\*Include copy of Unemployment Benefits Statement as documentation of change.**

Date of Change : \_\_\_\_\_ Income Amount: Weekly \$ \_\_\_\_\_

**SOCIAL SECURITY/SSI:**  New  Decrease  Increase  Terminated

**\*Include copy of Social Security Award Letter for documentation of change.**

Date of Change: \_\_\_\_\_ Income Amount: Monthly: \$ \_\_\_\_\_

**TANF:**  New  Decrease  Increase  Terminated  Sanctioned

**\*Include a Notice of Action from the DHR Office for documentation of change.**

Date of Change: \_\_\_\_\_ Income Amount: Monthly: \$ \_\_\_\_\_





**CHILD SUPPORT:**  New  Decrease  Increase  Terminated Date of Change: \_\_\_\_\_

**\*Include copy of print out from Department of Child Support Services as documentation of change, or a copy of current court order.**

Income Amount: Monthly \$ \_\_\_\_\_ Bimonthly \$ \_\_\_\_\_ Biweekly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

**SELF EMPLOYMENT:**  New  Increase  Decrease  No Longer Self Employed

**\*Include copy of documentation regarding change in employment. This may include your tax return or 1099's.**

Start/End Date: \_\_\_\_\_ How long have you been self-employed? \_\_\_\_\_ Date of Change: \_\_\_\_\_

**OTHER SOURCES OF INCOME:**  Contribution  Pell Grant  VA Pension  Other

**\*Include documentation to verify changes.**

Date of Change: \_\_\_\_\_ Income Amount: \$ \_\_\_\_\_

Weekly  Biweekly  Monthly  Semiannually  Annually

**CHILD CARE EXPENSES:**

Do you pay for child care expenses?  Yes  No

Amount paid for child care \$ \_\_\_\_\_  Weekly  Biweekly  Monthly

Child Care Provider: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Does someone pay child care on your behalf?  Yes  No

If yes, name and address of person or organization: \_\_\_\_\_

**WARNING: Giving false information is considered fraud. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.**

I/We certify that all information given to the Huntsville Housing Authority on household income is accurate and complete to the best of my/our knowledge and belief. I/We understand that providing false statements or information is punishable under Federal Law and is grounds for termination of Housing Assistance. I have not omitted, misstated, or withheld facts pertaining to the income of this household or persons living in the unit. I understand that it is my responsibility to report to the Housing Authority all changes in income and number of persons living in the unit whenever they occur. I also understand that staff of the Huntsville Housing Authority will verify this information, and I authorize Huntsville Housing Authority to submit inquiries necessary for the purpose of verifying the facts herein stated.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Member

\_\_\_\_\_  
Date



# Huntsville Housing Authority

Post Office Box 486  
Huntsville, Alabama 35804-0486

## Authorization for Release of Information

### CONSENT

I authorize and direct any Federal, State, or local agencies, organization, business or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the manager to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or occupancy policies.

### INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, including but are not limited to:

Identity and Marital Status  
Medical or Child Care Allowances  
Residences and Rental Activity

Employment, Income and Assets  
Credit and Criminal Activity

### GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (Including  
Public Housing Agencies)  
Courts and Post Offices  
Schools and Colleges  
Law Enforcement Agencies  
Medical and Child Care Providers  
Retirement Systems  
Utility Companies

Past and Present Employers  
Welfare Agencies  
State Unemployment Agencies  
Social Security Administration  
Support and Alimony Providers  
Veterans Administration  
Banks and other Financial Institutions  
Credit Providers and Credit Bureaus

### 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 in the management office. I understand I have a right to review my file and correct any information that I can prove is incorrect.

### SIGNATURES:

\_\_\_\_\_

Head of Household

\_\_\_\_\_

(Print Name)

\_\_\_\_\_

Date

\_\_\_\_\_

Spouse

\_\_\_\_\_

(Print Name)

\_\_\_\_\_

Date

\_\_\_\_\_

Adult Member

\_\_\_\_\_

(Print Name)

\_\_\_\_\_

Date

\_\_\_\_\_

Adult Member

\_\_\_\_\_

(Print Name)

\_\_\_\_\_

Date

**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 copy of tax form must be prepared and signed separately.