

HOUSING CHOICE VOUCHER INCOME CHANGE FORM

CSS# _____

Families are required to report all changes in income within 10 business days of the change because the amount of housing assistance is subject to adjustment.

Head of Household: _____ Ph No: _____ Tenant ID: _____

Name of Household Member with Change (1 Form per Person): _____

Part 1: For employment changes complete the section below & provide supporting documents. If there are no employment changes skip to Part 2.**Check box that applies to your change:** Decrease in Money/Hours Lost Job/Laid Off Increase Money/Hours New Job

Name of Employer & Address:	Start Date: _____ End Date: _____	Is change permanent or temporary?
	Current Wages (Rate of Pay & Hours per Week): <i>Do you receive tips, commissions or bonuses? Yes / No</i>	If temporary, what is your expected return date?
\$ _____ per wk / mo / yr Hrs/wk: _____		

Check box that applies to your change: Decrease in Money/Hours Lost Job/Laid Off Increase Money/Hours New Job

Name of Employer & Address:	Start Date: _____ End Date: _____	Is change permanent or temporary?
	Current Wages (Rate of Pay & Hours per Week): <i>Do you receive tips, commissions or bonuses? Yes / No</i>	If temporary, what is your expected return date?
\$ _____ per wk / mo / yr Hrs/wk: _____		

Part 2: For changes in income listed below, complete the appropriate section(s) & provide supporting documents.

<input type="checkbox"/> Unemployment: <i>Call 1-800-494-4944 to get a 12 Month Benefit Printout</i>	\$ _____ per wk / mo / yr	Start: _____ End: _____
<input type="checkbox"/> W2/TANF	\$ _____ per wk / mo / yr	Start: _____ End: _____
<input type="checkbox"/> Child Support/Alimony	\$ _____ per wk / mo / yr	Start: _____ End: _____
<input type="checkbox"/> Veteran Benefits	\$ _____ per wk / mo / yr	Start: _____ End: _____
<input type="checkbox"/> Pension/Annuity Payments/Retirement	\$ _____ per wk / mo / yr	Start: _____ End: _____
<input type="checkbox"/> Social Security/SSI (For Award Letters, go to www.socialsecurity.gov)	\$ _____ per wk / mo / yr	Start: _____ End: _____
<input type="checkbox"/> Short or Long Term Disability	\$ _____ per wk / mo / yr	Start: _____ End: _____
<input type="checkbox"/> Financial Aid ⇨ School Name: _____	\$ _____ per wk / mo / yr	Start: _____ End: _____
<input type="checkbox"/> Reoccurring contributions from ANYONE outside of Household Name/Address: _____	\$ _____ per wk / mo / yr	Start: _____ End: _____
<input type="checkbox"/> Other: _____	\$ _____ per wk / mo / yr	Start: _____ End: _____
<input type="checkbox"/> Child Care Expenses: If you have childcare expenses due to employment and/or to further your education for any child age 12 and under Childcare Provider/Address: _____	\$ _____ per wk / mo / yr	Start: _____ End: _____
<input type="checkbox"/> Medical Expenses: If Head or Spouse is 62 years or older or disabled and have on-going medical expenses that are not covered by insurance Name/Address of Provider(s): _____	\$ _____ per wk / mo / yr	Start: _____ End: _____

Part 3: Tenant & Agency Certification

I certify that the information given to ICS on household composition, income, assets, and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law. I also understand that false statements or information are grounds for termination of housing assistance.

Signature of Head of Household _____ Date _____ Signature of Other Adult with Change _____ Date _____

I certify that this tenant's eligibility, rent and assistance payment have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Signature of Agency Specialist: _____ Date: _____

OVER (eff 2/2012) ⇨

Authorization for the Release of Information

Tenant ID

PHA requesting release of information:

Integrated Community Solutions
2605 S. Oneida St, Suite 106
Green Bay, WI 54304

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