



# REPORT OF CHANGE OF INCOME / FAMILY COMPOSITION

INVESTING IN COMMUNITIES

Head of Household Name: \_\_\_\_\_ T-code \_\_\_\_\_ Phone # \_\_\_\_\_

**CHANGE BEING REPORTED (Please check the applicable boxes):**

- Increase in household income
- Decrease in household income
- Household member turned 18, reporting their income
- Removing a member from the household
- I am requesting to add an additional family member to my household\*
- Other \_\_\_\_\_

\*I understand that an additional member **may not** be added to my lease and **may not** move into the subsidized unit until the request has been formally approved by the Housing Authority and Landlord.

\*Newborns require birth certificate and social security card.

\*Eligible add-ons are: Spouse/Partner, Mother, Father, Brother, Sister, Child, or Grandparents to the Head of Household or Spouse. All adults will require an appointment to do background check before they can be added to the household.

**I am requesting to ADD or REMOVE the following family member(s):**

Name of Family Member	Relation to Head of Household	Sex	Age	Date of Birth (month-date-year)	Social Security Number	Request
						<input type="checkbox"/> Add* <input type="checkbox"/> Remove Date moved: _____
						<input type="checkbox"/> Add* <input type="checkbox"/> Remove Date moved: _____

List below all changes of income for ALL members of the household regardless of age. This includes income change for current household members or for a new member you are requesting to add to the household.

Name of Family Member	Source of Income	Amount	Frequency (weekly, monthly, etc.)	Start / End Date

Employer Name: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

You must submit current verification of the change: i.e. check stubs (2) or a current letter from your employer, or a current printout of benefits received from the appropriate agency. All supporting documentation MUST be supplied verifying the change at the time the completed change of income form is turned into the Housing Authority. If the documentation is not supplied at the same time as the change of income form is turned in, the change will not be made effective until the 1<sup>st</sup> of the month following receipt of all supporting documents. All verifications must be current, CURRENT means that they are no older than 30 days from the day you turn them in to the Housing Authority.

**Certification**

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

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

\_\_\_\_\_  
Date

**ALL ADULTS MUST SIGN THE ATTACHED SHRA-AUTHORIZATION FOR RELEASE OF INFORMATION FORM**



# SHRA-AUTHORIZATION FOR RELEASE OF INFORMATION

## Housing Choice Voucher Program, 630 I Street, Sacramento, CA 95814

**CONSENT:** I authorize and direct any and all listed below to release to THE SACRAMENTO HOUSING & REDEVELOPMENT AGENCY any information or materials needed to complete and verify my application and eligibility for assistance under the Housing Choice Voucher, Mod-Rehab, Low-Income Public and Indian Housing and/or other housing assistance program(s). I understand and agree that this authorization or the information obtained pursuant to 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 PHA to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records of my payment history, and any violation of my lease or PHA policies.

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

Identity and Marital Status	Credit Activity	Medical or Childcare Allowances	Residences and Rental Activity
Household Composition	Criminal Activity	Employment	Income/Assets

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individual that may be asked to release the above information (depending on program requirement), include but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers	Veterans Administrations	Banks and other Financial Institutions
Schools and Colleges	Welfare Agencies	Retirement Systems	Court Clerks
Medical Facilities	Credit Providers	Credit Bureaus	State Unemployment Agencies
Postal Office	Law Enforcement Agencies	Social Security Administration	Medical & Childcare Providers
Utility Companies	Foster Care Providers	Support & Alimony Providers	Workmen's Compensation Payers
	Department of Motor Vehicles	Support Service Providers	

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or the Public Housing Agency may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, U.S. Postal Service, Social Security Administration, State & County welfare and food stamp agencies.

**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 with the PHA and will stay in effect for one year and three months from the date signed. I understand that I have a right to review my file and correct any information that I can prove is incorrect.

Signature – Head of Household	Print Name – Head of Household	Date
Signature Spouse/Co-Head	Print name Spouse/Co-Head	Date
Signature – other adult	Print Name – other adult	Date
Signature – other adult	Print Name – other adult	Date
Signature – other adult	Print Name – other adult	Date
Signature – other adult	Print Name – other adult	Date

**Note:** This general consent may not be used to request a copy of tax return. IRS form 4506 – “Request for Copy of Tax Form” must be prepared and signed separately.

