



Newport News Redevelopment and Housing Authority,
Ph# 757-928-6060

P.O. Box 797 Newport News, VA 23607
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Sharon Akins, Housing Choice Voucher Officer

HCV INTERIM CHANGE

Today's Date _____ Current rent you pay\$ _____ Your Hsg. Coordinator's name _____

Name _____ Address _____ Newport News, Virginia, 2360 _____

Phone # _____ Cell# _____ E-mail _____

I do hereby swear and attest that all of the information about me and my household is true and accurate. I also understand all changes in my income or any family member's income must be reported to N.N.R.H.A.in writing within 10 working days of the change. **COMPLETE THE ENTIRE FORM**

WHAT TYPE OF CHANGE ARE YOU REPORTING TODAY? _____

*****LIST ALL FAMILY MEMBERS*****

FAMILY COMPOSITION		Last name, First name, MI	Relationship	sex	Birthdate	SS#	school
1					/ /	- -	
					/ /	- -	
3					/ /	- -	
4					/ /	- -	
5					/ /	- -	
6					/ /	- -	
7					/ /	- -	
8					/ /	- -	

REMOVING		Last name, First name, MI	Relationship	sex	Birthdate	SS#	school
1					/ /	- -	
2					/ /	- -	
ADDING		Last name, First name, MI	Relationship	sex	Birthdate	SS#	school
1					/ /	- -	
2					/ /	- -	

If you are reporting **ZERO (\$0) INCOME**, you must complete a **zero income declaration form**. Please request it from the receptionist. For all zero income clients, you will receive an appointment within 3 months. The family must show how the family is meeting their financial obligations. **Your bills and receipts are required.**

CONTRIBUTIONS

Does anyone outside your household give you money or pay your bills for you? Yes / No (circle one)
 Does anyone outside your household buy you supplies such as groceries, etc.? Yes / No
 Does any organization help you pay a bill or expense? Yes / No

If yes, Amount received \$ _____ weekly bi-weekly monthly

Received from: NAME _____ ADDRESS _____ PHONE _____



EMPLOYMENT

increase

decrease

check stubs attached: (circle one) yes no

Name of person employed _____

name of new employer	
address:	
phone#	fax#
rate per hour \$ _____ /hr	#hr _____ /wk
how often paid: <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> bi-monthly	
hire date:	

name of former employer	
address	
phone#	fax#
termination date	

TANF \$ _____ SNAP \$ _____ SSA \$ _____ SSI \$ _____ UNEMPLOYMENT \$ _____ PENSIONS \$ _____

start date _____ end date _____

CHILD SUPPORT \$ _____ per week bi-week month

CHILD CARE \$ _____ per week bi-week month

start date _____ end date _____
 increase decreased case # _____

start date _____ end date _____
 increase decrease

child name:
child name:
child name:
child name:

provider name:
title:
address
phone #

SELF-EMPLOYED

type of business:	average monthly amount \$
name of business:	how long in the business
business licensed	yes / no

ALIMONY \$ _____ start date _____ end date _____

COMMENTS: _____

WARNING: Section 1001 of Title XVII of the United States Code makes it a criminal offense to make willful untrue statements or misrepresentations to any department of the United States as to any matter within its jurisdiction.

I certify that the above information is correct, true and accurate and I understand that any false information will be grounds for denial or termination with the Housing Choice Voucher Program. I understand that I will be obligated to reimburse the N.N.R.H.A. any amount overpaid on my behalf as a result of false and/or fraudulent statements and documentation.

Signature of Head of Household: _____

Date: _____

Signature of other adult: _____

Date: _____



**NEWPORT NEWS REDEVELOPMENT AND
HOUSING AUTHORITY
CONSENT FOR INFORMATION DISCLOSURE**

I authorize Newport News Redevelopment and Housing Authority's Section 8/Occupancy Department to receive information from the following for the purpose of determining continued eligibility for Housing Choice Voucher Program participation:

Information being requested shall be limited to:

- Income from any source
- Dept. of Social Services
- Child Support Enforcement
- Social Security Administration
- Veterans Administration
- Retirement/Pension/Annuity
- Financial Institutions/Banks
- Educational Institutions
- Child Care Providers
- Previous/Present Landlord references
- Criminal History Requests
- Certifications from other Subsidized housing agencies
- Medical Facilities
- Credit Report
- Any information deemed necessary to determine continued eligible in the HCV Program

I understand that my records are protected under Federal and State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in compliance with laws and regulations.

Applicant's/Participant's Name(print)

Date

Applicant's/Participant's Signature

Applicant's/Participant's Social Security Number

NNRHA STAFF USE ONLY

This consent form expires 15 months after signed.

Applicant's/Participant's initials

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. 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		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

**NEWPORT NEWS RED. & HSG. AUTH.
HCV VOUCHER PROGRAM
POST OFFICE BOX 797
NEWPORT NEWS, VIRGINIA 23607**

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible 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 income 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 income 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 income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this 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.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

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 hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.