

Notification of Change in Income or Family Composition - Participants

Head of Household's Name: _____

Head of Household's Address: _____

Head of Household's Home Number and Cell Phone Number: _____

Head of Household's Email Address: _____

Please check all that apply. If documentation is not attached your request will not be accepted.

_____ I am reporting a change in hours worked (**attach check stubs or a letter from your employer.**)

Current Employer: _____

_____ I am reporting termination of employment (**attach a letter from your employer on company letterhead of your termination.**)

Last place of employment: _____ Last day worked: _____

_____ I am reporting new employment (**attach a letter from your employer on company letterhead with your start date, hourly wage, and the number of hours you work per week.**)

Name of Employer: _____ Start date: _____

_____ I am now receiving child support / family support (**attach a printout of the last 12 months of child support and/or the name and address of the person providing the family support.**)

_____ I am now receiving unemployment benefits.

_____ I am now receiving TANF benefits.

_____ I am now receiving income from the Social Security Administration (**attach an award letter with the monthly amount you receive dated within the last 30 days.**)

_____ I am reporting a change in "other" income not listed: (please explain) _____

_____ I am requesting to add or remove the following person(s): _____

_____ I am an FSS participant. If the request requires my portion of the contract rent to increase, I wish the increase to be reflected after completion of the pay change giving me a 30-day notice of the increase.

Please allow 4-6 weeks for processing. Any correspondence regarding your income change request will be done via e-mail or mail. In cases of any income decreases: If there is a tenant delay in processing the income change, there will be NO retroactive payments made to your landlord.

Head of Household's Signature: _____ Date: _____

Reviewed by: _____

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

Document ID: 19483184827

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
OMB CONTROL NUMBER: 2501-0014
exp. 07/31/2017

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)

Housing Authority of the City of Tulsa
415 E. Independence St.
Tulsa, OK 74106

918-582-0021

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 the 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.



Authorization for the Release of Information

Tenant ID

HA requesting release of information:

Housing Authority of the City of Tulsa
415 E. Independence St.
Tulsa, OK 74106

918-582-0021

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

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.

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 and 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.

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
- Social Service Agencies
- State Unemployment Agencies
- State Wage Information Collection 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
- Internal Revenue Service

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
_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date

Document ID: 19480884727

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.



Tenant Information Form

Please review and complete this form. All members of the household 18 years and older must sign below certifying the information pertaining to them is true, correct and complete. Please print your information.

HOUSEHOLD COMPOSITION:

Everyone in the household must be listed in the spaces provided below using their legal name, relationship to the head of household, date of birth and sex:

Household Members	Relationship to Head	Date of Birth	Sex	New Member Circle Yes or No
1.				Yes or No
2.				Yes or No
3.				Yes or No
4.				Yes or No
5.				Yes or No
6.				Yes or No
7.				Yes or No
8.				Yes or No
9.				Yes or No
10.				Yes or No

TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI/SS), Workman's Compensation, retirement benefits, TANF, Veteran benefits, rental property income, stock dividends, income from bank accounts, alimony and other sources. Place a 0 in the box if it does not apply to your household. All household members with income will need to be listed.

Household Member	Employer	Total Weekly Wages	TANF	Child Support Payments	Social Security Benefits	Unemployment Benefits	Other Income
1.		\$	\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$	\$
5.		\$	\$	\$	\$	\$	\$
6.		\$	\$	\$	\$	\$	\$

ASSETS: Place a 0 in the box if it does not apply to your household. All household members with assets will need to be listed.

Household Member	Savings Acct (Name & Acct #)	Checking Acct (Name & Acct #)	Stocks or Bonds (List by Company)	Balance
1.				\$
2.				\$
3.				\$



ASSETS DISPOSED: Has any member of your household sold or given away any asset in the past 2 years? (This includes: Real Estate, Vehicles, Stocks, Bonds, Property, Jewelry, Stamp Collections held as an investment, etc.) **YES** or **NO**. If yes, please explain _____

ADDITIONAL QUESTIONS: Please answer by circling **YES** or **NO**. If you answer yes to any of the question below, you will need to explain.

1. Does anyone outside of your household pay for any of your bills or give you any money? **YES** or **NO**
If yes, explain _____
2. Did you or any member in your household file a Federal Income Tax Return last year? **Yes** or **No**
3. Do you or any member of your family own real estate, boats, or mobile homes? **Yes** or **No** If yes, please explain _____
4. Have you or any other member ever used any name(s) or Social Security number (s) other than the one you are currently using? **YES** or **NO** If yes, explain _____
5. Have you or any member lived in assisted housing? **YES** or **NO** If yes, list when and where _____
6. Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? **YES** or **NO** If yes, what and when _____

I certify that all the information provided on composition, income, assets, assets disposed and the additional questions, is accurate and complete to the best of my knowledge. I know I am required to report immediately in writing any changes in income and any changes in my household composition, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me. I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstance. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal grounds for termination or State criminal law. I understand that knowingly supplying false incomplete or inaccurate information is ground for termination of housing assistance and/or termination of tenancy. I agree that any information provided to the Housing Authority of the City of Tulsa (Social Security number; employment, etc.) may be used by the Authority to locate and collect any past due rent or money owed to the Authority.

Signature of Head of Household

Date

Signature of Spouse

Date

Signature of Other Adult Member

Date

Signature of Other Adult Member

Date

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATE CODE, STATES: THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

