

Interim Re-examination Packet

Thank you for your request for an Interim Re-examination Packet due to changes in your family circumstances. This form is used to report:

- Income, increase or decrease
- Household composition, add or remove a member
- Assets, increase or decrease
- Expenses: increase or decreases for medical, childcare or disability assistance
- Student status, for persons ages 18 or older who attend or no longer attend school full-time

Changes must be reported within ten (10) business days. Please review the checklist for documents needed to process your request. **Note:** failure to submit required documentation will result in your request being denied or delayed.

Head of Household must complete and sign *all forms* where required. Household members 18 years or older are required to sign each form pertaining to their requested change. Please see below for additional instructions:

1. Complete only the sections that pertain to the change you are reporting.
2. All adults 18 and older must sign the Authorization for the Release of Information Privacy Act Notice-HUD form 9886 and the Third - Party Consent form.
3. If there is a household member with no income, the Zero Income Statement must be completed and signed by the member 18 years of age or older.
4. Attach documentation only for the change you are reporting. For example, if you are no longer employed, please submit a copy of the separation notice from your employer.

It is our goal to process your changes as quickly as possible. It is important that you provide us with complete information to expedite your request. Failure to supply documents will delay processing your request.

VERIFICATION CHECKLIST

Please attach required verifications prior to submitting your request

Adding Income/Reducing Income

- Provide two (2) current and consecutive pay stubs (bi-weekly, semi-monthly, and monthly) or four (4) current and consecutive pay stubs (weekly), or four (4) weeks of current and consecutive pay stubs (daily). All must be dated within the last 60 days.
- Provide an offer letter on company letterhead that includes rate of pay and number of hours per week
- Provide Social Security or SSI benefit award letter(s), TANF, unemployment, adoption subsidy, etc.
- Provide verification of all other income, self-employment, child support, pensions, contributions, worker's compensation, etc.

Removing Income

- Provide a separation letter on company letterhead or separation notice from Department of Labor
- Termination letter of benefits, i.e., Child Support, Social Security, SSI, Unemployment, TANF, etc.
- If a household member has zero income because of the change, the Zero Income Statement must be completed and signed by the member

Adding New Household Member(s) – Family Composition

- If adding a minor because of birth, adoption, or court-awarded custody, provide birth certificate, verification of adoption or verification of court-awarded custody within thirty (30) calendar days
- Provide birth certificate for any new member being added
- Provide social security card for any new member being added
- Provide State issued Driver's License or Identification card for any adult being added
- Adult being added must sign the Debts Owed to Public Housing Agencies and Terminations Form, the Privacy Act Form, the Third Party Consent Form, and the Criminal Background Form
- Complete Declaration of Citizenship Status for minors being added. If an adult is being added, then the adult must complete and sign form
- Provide marriage certificate (if applicable)

Removing Household Member(s) – Family composition

- Complete the Statement of Family Member Move-Out form

Adding or Removing Assets

- Provide bank statements, verification of stocks, bonds, certificates of deposits, life insurance policy, etc.

Change in Expenses – Medical, Disability Assistance Expense, Childcare, etc.

- Provide a print-out from medical provider showing amount paid out of pocket for the past twelve (12) months, or a copy of a new monthly premium, amount for apparatus, attendant, care etc. **Note:** To qualify for medical expenses head, spouse, or cohead is 62 or older or is a person with disabilities

- Provide a written statement from the childcare provider indicating child's name, amount received and frequency (weekly, bi-weekly, or monthly). Statement must include provider's contact information (must qualify)

Change in Student Status

- High school student (most recent report card or school schedule)
- College Student (verification of full-time student status)

Date: _____

Section I: Information for Head of Household

Name		
Address		
City	State	Zip
Phone	Cell Phone	
Email Address		

Section II: Change of Employment Income

Please complete for the household member that has a change in income. Please indicate if the income is an increase or decrease

Income increase ☐

Income decrease ☐

Household Member Name		
Name of Employer		Employer Address
City	State	Zip
Phone Number		Fax Number
Start Date		End Date
Annual Pay		

Income increase ☐

Income decrease ☐

Household Member Name		
Name of Employer		Employer Address
City	State	Zip
Phone Number		Fax Number
Start Date		End Date
Annual Pay		

Section III: Change of Income: Other

Please complete for the household member that has a change in income. Please indicate if the income is an increase or decrease

Income increase ☐

Income decrease ☐

Household Member Name	
Income Source	Effective Date
Monthly Amount	

Household Member Name	
Income Source	Effective Date
Monthly Amount	

Household Member Name	
Income Source	Effective Date
Monthly Amount	

Section IV: Change in Student Status

Please complete for the household member age(s) 18 and older whose status has changed.

Household Member Name	
☐ Currently a full-time student	☐ No longer a full-time student
Educational Institution Information	
Name of School	
Address	
Phone	Fax

Section V: Removing Household Member(s)

Please complete for household member(s) that are being removed.

Household Member 1		
Name	Effective Date	
New Address		
City	State	Zip
Social Security Number	Date of Birth	

Household Member 2		
Name	Effective Date	
New Address		
City	State	Zip
Social Security Number	Date of Birth	

Section VI: Adding New Household Member(s)

Please complete for new household member(s) that are being added.

	Household Member 1	Household Member 2	Household Member 3
Last Name			
First Name			
Social Security #	____-____-____	____-____-____	____-____-____
Date of Birth	____/____/____	____/____/____	____/____/____
Sex	☐ M ☐ F	☐ M ☐ F	☐ M ☐ F
Relationship to Head of Household			
Race	☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White	☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White	☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White
Ethnicity	☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ Hispanic or Latino ☐ Not Hispanic or Latino
Disability	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Section VI: Other Information

Please complete the section below to report any other changes in family circumstances and/or provide additional details regarding the change(s) that you are reporting.

Disclaimer: I hereby certify under the penalty of perjury that the declarations I have made in this document are true and complete. I understand and acknowledge that any knowing or willful misrepresentations of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including but not limited to fine or imprisonment, or both under the provision of Title 18 of the United States Code (USC) Section 1001.

Signature of Head of Household

Date

OFFICE USE ONLY

Verification Submitted: ☐ Yes ☐ No

Date Received: _____

ZERO INCOME STATEMENT and MONETARY CONTRIBUTION WORKSHEET

- 1) I, _____ verify that I have NO income. I understand that I am required to report within ten (10) business days, in writing, any changes in income and household composition. Failure to report this information may result in owing DCA back rent and/or the termination of my subsidy.
- 2) How do you pay for the following?

	Monthly Expense	How do you pay for/or explain how you receive it?	Provide the name and address of the people/agency who provide you assistance to purchase the following:
Cleaning Products (disinfectant, laundry products, etc.)	\$		
Personal care items (clothing, soap, shampoo, toilet paper deodorant, diapers, etc.)	\$		
Rent or utilities in excess of your utility allowance?	\$		
Transportation (gas, registration, license, bus pass, etc.)	\$		
Loans or credit cards (car payment, school loan, etc.)	\$		
Food/Groceries	\$		
Health Care (Insurance, Prescriptions, co-pays, etc.)	\$		
Cell Phone/Home Phone	\$		
Cable/Internet	\$		
Total Expenses	\$	X 12	\$
What is the reason you have zero income (lost employment, unpaid leave etc.) Please explain:			

If you require special assistance or reasonable accommodations due to a disability, including the need to receive documentation or communication in alternative formats, please contact your assigned Housing Specialist.

Applicant/Tenant Signature

Date

_____ Initial here if DCA staff assisted you with completing this form.

Authorization for the Release of Information/ Privacy Act Notice

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

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

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)

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(l)(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.

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.

Original is by the requesting organization

ref. Handbooks 7420.7, 7420.8, & 7465.1

form **HUD-9886** (07/14)



Housing Choice Voucher Program

THIRD PARTY CONSENT FORM

PURPOSE: The Georgia Department of Community Affairs may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Georgia Department of Community Affairs (DCA) any information or material needed to complete and verify my application for participation, and or to maintain my continued assistance under the Housing Choice Voucher Program, Low-Income Public Housing, Project Based Voucher, and/or other housing assistance programs. I understand and agree that this authorization or information obtained with its use may be given to and used by DCA and the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED (INQUIRIES MAY BE MADE ABOUT): Child Care Expenses, Credit History, Criminal Activity, Family Composition, Employment Income, Pensions, Assets, Federal, State, Tribal or Local Benefits, Disabled Assistance Expenses, Identity and Marital Status, Medical Expenses, Social Security Numbers, Residences, Rental History, Utility History, and School Records

GROUPS OR INDIVIDUALS THAT MAY RELEASE INFORMATION: The groups or individuals that are asked to release the above information (depending on program requirements) include but are not limited to: Previous landlords (including Public Housing Agencies), Court and Post Offices, Law Enforcement Agencies, Schools and Colleges, Support and Alimony Providers, Past and Present Employers, Welfare Agencies, State Employment Agencies/ Department of Labor, Social Security Administration, Medical and Child Care Providers, Veterans Administration, Retirement Services, Banks & Other Financial Institutions, Credit Providers & Credit Bureaus, and Utility Companies

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 re- certification. HUD 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, the U.S. Postal Service, the Social Security Agency, and the State Welfare and Food Stamp Agencies.

CONDITIONS: I agree that a photocopy of this authorization *may* be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance will be terminated

Each adult (18 years or older) must sign and date the form in the space provided next to the name.

Head of Household

Address

City, State Zip Code

Date of Birth

Social Security Number

Sex

Race

Signature

Print First Name

M.I.

Print Last Name

Date

THIRD PARTY CONSENT FORM

☐ **Other Adult**

Date of Birth

Social Security Number

Sex

Race

Signature

Print First Name

M.I.

Print Last Name

☐ **Other Adult**

Date of Birth

Social Security Number

Sex

Race

Signature

Print First Name

M.I.

Print Last Name

☐ **Other Adult**

Date of Birth

Social Security Number

Sex

Race

Signature

Print First Name

M.I.

Print Last Name

☐ **Other Adult**

Date of Birth

Social Security Number

Sex

Race

Signature

Print First Name

M.I.

Print Last Name

DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

The Georgia Department of Community Affairs (DCA) must determine the citizenship status of all Housing Choice Programs applicants and participants. Section 214 of the Community Development Act of 1980 does not allow DCA to provide rental assistance to some categories of noncitizens, including illegal immigrants and non-immigrant status. Assistance remains available to some types of non-citizens.

To assist DCA in determining your status, please complete the following information. Failure to complete this form is cause for DCA to deny or terminate your rental assistance. You must answer these questions truthfully; if you do not supply correct information, you may be prosecuted for perjury.

In the space below, list the name of each family member of the household who is a citizen of the United States of America, i.e., born in the U.S. or have been naturalized. Each adult 18 years or older must sign and date the form in the space provided next to the name. An adult member of the household who is responsible for the child must complete the information and sign the form on behalf of the child.

We, the undersigned, certify under penalty of perjury that we are citizens of the United States of America. We understand that falsely identifying ourselves as U.S. citizens is grounds to deny or terminate rental assistance and may result in prosecution for perjury.

Print Name of Household Member	Age	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In the space below, list any members of the household who are not citizens of the United States of America:

Print Name of Household Member	Age	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Federal Law requires the Requesting Party and The Georgia Department of Community Affairs (DCA) to verify certain information about all members of households living or applying for admission to DCA communities, Federal law also requires your cooperation in supplying information on criminal activity (if any) of any person listed below

Using the numbers below, please indicate whether you or any household member has been involved in, arrested for, charged with or convicted of any crimes, including, but not limited to, any of the following:

- | | |
|--|--|
| 1. Homicide, Murder, Voluntary Manslaughter | 12. Hate Crime, Terrorism |
| 2. Sex-related crimes (including Rape, Sexual Battery) | 13. Moto Vehicle Theft |
| 3. Child Molestation, Child Sexual Exploitation | 14. "Carjacking" |
| 4. Assault, Battery | 15. Larceny |
| 5. Robbery | 16. Child Neglect |
| 6. Drug-related crime (including Trafficking, Distribution, Manufacture, Sale, Use Possession) | 17. Child Abuse |
| 7. Arson | 18. Disorderly Conduct |
| 8. Burglary | 19. Prostitution, Solicitation of Prostitution |
| 9. Illegal Firearms | 20. Vandalism, Destruction of Property |
| 10. Kidnapping, False Imprisonment | 21. Receiving Stolen Goods |
| 11. Harassment, Stalking | 22. Other crimes
(Specify:_____) |

Household Member's Full Name	Social Security Number	DOB: MM/DD/YY	Race	Sex	Crime No. (see above)	Other States Lived in

Address:_____Apt#:_____

City:_____State:_____Zip:_____

I hereby voluntarily authorize any law enforcement agency and/or any other authorized entity to release to the Requesting Party and DCA information, including a copy of any records regarding any criminal activity which I have been involved in, arrested for, charged with, or convicted of. I authorize the Requesting Party and DCA to share this information and any other information that they may have regarding any criminal activity in which I have been involved in, arrested for, charged with, or convicted of with Requesting Party and DCA agents/representatives. The Requesting Party and DCA may periodically perform or engage any law enforcement agency and/or authorized entity to perform a criminal background check at any point from the date of my signature. A copy of this Authorization shall be as effective as the original and shall be valid until revoked by me in writing.

Head of Household's Signature:_____Date:_____

Household Member's Signature:_____Date:_____

Copy of Driver's License or Picture Identification Card of each person listed above Attached ☐ Yes ☐ No

Signature_____ (Requesting Party – DCA Employee) _____ (Date)

If you required special assistance to complete this form due to a disability, please contact DCA.

Statement of Family Member Move-Out

Today's Date: _____

I, _____ (Head of Household - Print Your Name), certify that the individual(s), listed below, no longer reside in the unit.

Head of Household Information

Head of Household Address: _____

(City/ State/ Zip): _____

Telephone Number: _____ (Cell, Home or Other) (circle one)

Family Member Name	Relationship	Move-Out Date	New Address

Warning: Section 101 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 in the United States as to **any matter** within its jurisdiction.

Head of Household Signature: _____ Today's Date: _____