ST. PETERSBURG
HOUSING AUTHORITY

INTERIM CHANGE FORM

Dear Client:
The following information is needed ONLY if there has been a change in your address, family composition, income, current housing or living arrangements. If you are a current Section 8 participant, **it is your responsibility to report all changes in family size and income to the Housing Authority, in writing, within ten (10) days of the date the change occurred**, according to your Housing Voucher and St. Petersburg Housing Authority's Administration Plan. Failure to do so could result in the termination of your Section 8 assistance. If the information has not been reported timely, an overpayment may have occurred and you may be required to reimburse the Housing Authority.

PLEASE PRINT and complete entire form (front and back).

_____ _____
Client Name Social Security Number

_____
Current Address

_____ _____
Phone Number Email Address

Check the box that applies to your Interim Change

☐ **INCOME (Please check a box and explain your change below)**

☐ New job ☐ Loss of job ☐ More hours ☐ Less Hours ☐ Increase/decrease in pay
☐ SSI/Social Security ☐ Unemployment ☐ Child Support

Current/New **employer**: _____ Phone: _____
Address: _____
Fax Number: _____ Start date: _____
Rate of pay: $_____ (*hourly*) Hours per week: _____

Former **employer**: _____ Phone: _____
Address: _____
Fax Number: _____ Last date of work: _____
Reason for leaving: _____

Other **changes in family income (explain):**
_____
_____

IF YOU ARE REPORTING ZERO INCOME, YOU MUST COMPLETE THE NO INCOME STATEMENT AND WORKSHEET.

Please request these forms from the Customer Service Representative.

2001 Gandy Blvd. North, St. Petersburg, FL 33702
Phone: (727) 323-3171 • Fax: (727) 328-6699 • TDD: 1 (800) 955-8770 • TTY: 1 (800) 955-8771

☐**CHILDCARE** **(Please check a box and explain your change below)**

☐ New childcare provider ☐ No longer have childcare ☐ Increase/decrease in fees

Childcare provider: _____ Phone: _____
Address: _____
_____

Amount you pay: _____ Do you pay: ☐ Weekly ☐ Bi-weekly ☐ Monthly

☐**HOUSEHOLD COMPOSITION** **(Please check a box and explain your change below)**

☐ Add member ☐ Remove member

Name	Relationship	Sex	Age	Social Security Number	Date of Birth

If you are removing a family member from your household, please indicate the reason why:
_____
_____
_____

SPHA and the landlord must approve all additions to your household PRIOR to them moving in. *You must also provide SPHA with a Social Security card and Birth Certificate before they will be added to your household.*

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

I certify that the above information is correct and I understand that any misrepresentation will be grounds for denial or termination with the Section 8 Housing Voucher Program or Public Housing Program.

_____ _____
Client's Signature Date

(PLEASE SIGN ATTACHED AUTHORIZATION FOR RELEASE OF INFORMATION)

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)

St. Petersburg Housing Authority
2001 Gandy Blvd. N.
St. Petersburg, FL 33702

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.**

W ho 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 willfu ly 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.