



1330 Piccard Drive, Suite 203; Rockville, MD 20850
Main (301) 424-6265 Fax (301) 217-5857 TTY (301) 424-1078

INTERIM CHANGE PACKET

Housing Choice Voucher and Public Housing

Dear Participant:

Attached you will find an Application for Interim Change form. This form **MUST** be filled out completely, in order to report any change in your family's income or household composition. **All household members 18 years old and older must sign and date each document. All changes must be effective for 30 or more days to warrant an interim change.** To report a change in income or household composition this form must be accompanied by any supporting documentation to verify the nature of the change. **If documentation is not supplied within (3) three days of returning this packet the Interim will be deemed incomplete and you will have to complete a new packet. The return of this packet will therefore slow down the processing of your family change(s).**

To report a change in income, please submit the Application for Interim Change Form along with the following applicable information:

- 1. Letter from Employer on company letterhead indicating a change in employment status** such as: termination, decrease/increase in work hours, decrease/increase in salary (base pay or hourly wages), or termination of employment or new employment (part-time, temporary, permanent, seasonal).
- 2. Four (4) most recent consecutive pay-stubs.**
3. Letter or print-out of benefits from the Department of Social Services. **Please note: There will be no reduction.**
4. Letter dating approval or loss of Child Support Payments or printout of payment history from Department of Child Support Enforcement.
5. Letter from childcare provider, which includes: Providers name, address, telephone number, child's name in his/her care and weekly amount paid. You must also provide proof of payments with cancelled checks or money order receipts. Cash payments are not acceptable as proof of payment. Proof of payment is required. RHE will need front and back copies of 3 consecutive payments. Ex: money order, cashier's checks, personal checks. You must also provide information regarding your participation in a Childcare Subsidy program.
6. Letter or statement from Pension Plan indicating amount of pension.
7. Letter or printout from Unemployment Office, which includes: amount of benefit, how often benefits are received and date benefits will end.
8. Letter or printout from Department of Veterans Affairs indicating amount of benefits.





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To report a **change in household composition**, please submit the **Application for Interim Change Form** along with the following applicable information:

1. To add an adult, please include **ALL** of the following:

- a. Copy of the individuals' birth certificate,
- b. Social security card,
- c. Valid government issued ID,
- d. Proof of all income and

- e. Proof of all assets (bank, real estate, etc.). Most recent bank statements (ALL PAGES)
- f. Completion of the attached Declaration of Citizenship/Immigration Status form,
- g. Copy of a marriage certificate, if applicable.

2. To add a minor child, please include the following:

- a. Copy of the social security card,
- b. Birth certificate, and proof of custody if the child is not a natural child of the head or co-head of the household
- c. Declaration of Citizenship/Immigration Status form included in this package.

To remove a family member from the household please complete the **Application of Interim Change Form** and provide the following:

1. Name of family member being removed from the household along with a new forwarding address. New forwarding address must be:
 - a. Copy of new lease,
 - b. Copy of major utility bill (no more than 60 days old),
 - c. Current Driver's License
 - d. Official Government mail showing new address.





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APPLICATION FOR INTERIM CHANGE

PLEASE INDICATE CHANGE(S) BEING REPORTED:

Income Increase Income Decrease Family Addition Family Deletion Other

Family Head Social Security Number
Address Home / Cell Number
City, State & Zip Code Email Address
Emergency Contact Emergency Contact Telephone Number

STATEMENT OF FAMILY COMPOSITION AND INCOME

List all persons presently living in your household (Use the back of this form if necessary)

Table with 6 columns: Full Name, Social Security #, Birth Date, Age, Sex, Relationship

List all persons who moved out or you wish to add to your household. If none, initial here:

Table with 5 columns: Full Name, Relationship, In, Out, Reason

Fill in the blanks for each person reporting a change in employment. *If none initial here:

Table with 4 columns: Person Working, Employer's Name & Address, Dates Worked, Pay Rate





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Check appropriate box and fill in the blanks for changes in any source of income listed below.

If none initial here: _____

_____ Welfare Assistance	_____ Retirement / Pension	_____ Social Security	_____ SSI
_____ Unemployment	_____ VA Benefits	_____ Child Support	_____ Other
Received by (Name of Household Member)	Received from (Source)	Amount	
_____	_____	_____ Per	_____
_____	_____	_____ Per	_____
_____	_____	_____ Per	_____

List any changes in household assets. **If none initial here _____

Name and Address of Bank	Type of Account	Cash Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

List any changes in childcare expenses **If none initial here _____

Name & Address of Provider	Childs Name	F/T	P/T	Weekly Cost
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Medical Expense: (Only for Disabled or Elderly (62 year and Over) Head or Co-Head of household) Do you have any regular medical expenses such as prescriptions, Insurance Premiums, Physician care, Hospital, etc. in which you pay? Please provide printouts from your provider to obtain allowable medical deductions. *If none initial here: _____

ALL ADULT MEMBERS 18 YEARS AND OLDER OF THIS HOUSEHOLD MUST SIGN BELOW CERTIFYING THE ABOVE INFORMAITON IS TRUE AND CORRECT.

ALL REPORTED INCOME MUST BE DOCUMENTED

I/We certify that the information given to Rockville Housing Enterprises on household composition, income net family assets, allowances and deduction is accurate and complete to the best of my/our knowledge and belief. I/We understand that giving false statement or information can be grounds for punishment under federal state laws. I/We also understand that giving false statement and information can be grounds for termination of housing assistance.

_____ Signature of Head of Household	_____ Date	_____ Signature of Spouse/Co-Head	_____ Date
_____ Signature/Adult Family Member	_____ Date	_____ Signature/Adult Family Member	_____ Date





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AUTHORIZATION OF RELEASE OF INFORMATION

Applicant or participant and any household member eighteen (18) years or older must complete this form.

CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the Rockville Housing Enterprises any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the housing Assistance Program.

INFORMATION COVERED

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

- Identity and Marital Status
Employment, Income and Assets
Residences/Rental Activity
Medical/Child Care Allowance
Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for or continued participation in the Housing Assistance Program.

GROUPS OR INDIVIDUAL THAT MAY BE ASKED

The groups or individual that may be asked to release the above information include, but are not limited to:

- Previous and Current Landlord (Including public housing agencies)
Social Security Administration
Medical and Child Care Providers
Welfare Agencies
Utility Companies
Past and Present Employers
State Unemployment and Wage Board Agencies
Law Enforcement Agencies
Banks & Financial Institutions
Support and Alimony Providers
Courts and Post Offices
Veterans Administration
Schools and Colleges
Retirement Systems

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for one year and one month (13 months) from the date signed.

Form with four rows for signature and date: HEAD OF HOUSEHOLD, SPOUSE, ADULT MEMBER, ADULT MEMBER. Columns for Name, SIGNATURE, SOCIAL SECURITY #, DATE.



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)

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(I)(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.