

CANTON HOUSING AUTHORITY

Report of Change of Household or Income



Report of Change of Household or Income	
Name: _____ Phone: _____ Address: _____ SSN: _____ _____	<p style="text-align: center; margin: 0;"><u>FOR OFFICE USE ONLY</u></p> Anniversary Date: Entity ID: Change Warranted: Increase/Decrease: Appt. Date:
SUMMARY OF CHANGES – Briefly explain what changes have occurred:	

If you require Reasonable Accommodations, please explain on a separate sheet of paper and send it in with your packet.

BOX 1 – REMOVE HOUSEHOLD MEMBER(S) HERE	
Legal Name (1):	Legal Name (2):
SSN:	SSN
Date of Birth:	Date of Birth:
Does this member have income that needs to be removed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If “yes” go to Box 3 to report the decrease.)	Does this member have income that needs to be removed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If “yes” go to Box 3 to report the decrease.)
Move-out Date:	Move-out Date:
DOCUMENTS NEEDED: Attach 3 different kinds of verification showing that the person(s) above are out of the home (i.e. lease, utility bills, etc.)	

BOX 2 – ADD HOUSEHOLD MEMBER(S) HERE	
Legal Name (1):	Legal Name (2):
SSN:	SSN
Date of Birth:	Date of Birth:
Relationship:	Relationship:
Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	Race:
Ethnicity:	Ethnicity:
Is there an increase in household income by adding this member? <input type="checkbox"/> Yes <input type="checkbox"/> No (If “yes” go to Box 4 to report the increase.)	Is there an increase in household income by adding this member? <input type="checkbox"/> Yes <input type="checkbox"/> No (If “yes” go to Box 4 to report the increase.)

READ: An appointment will be scheduled for you to provide ORIGINAL Birth Certificate(s), Social Security Card(s). For members 18 years & older, attach copies of picture ID's. Have all adults sign the attached Consent for Release of Information and Declaration 214. The head of household must complete a Declaration 214 for each minor being added, (if applicable). Criminal Background checks will be conducted for all adult additions, including Live-in Aids. Members are not authorized to move into the unit until screening is completed.

BOX 3 – Report Decreased in Benefits and/or Income Here:

Name (1)	SSN:	What date did the change occur?	
Old Amount \$ _____	New Amount \$ _____	<input type="checkbox"/> Medical Expenses Increased	<input type="checkbox"/> Child Care Increased
<input type="checkbox"/> TANF (Welfare) Stopped	<input type="checkbox"/> Unemployment Stopped	<input type="checkbox"/> Social Security/SSI Stopped	<input type="checkbox"/> Wages Decreased
<input type="checkbox"/> TANF (Welfare) Decreased	<input type="checkbox"/> Unemployment Decreased	<input type="checkbox"/> Social Security/SSI Decreased	<input type="checkbox"/> Employment Stopped
Name (2)	SSN:	What date did the change occur?	
Old Amount \$ _____	New Amount \$ _____	<input type="checkbox"/> Medical Expenses Increased	<input type="checkbox"/> Child Care Increased
<input type="checkbox"/> TANF (Welfare) Stopped	<input type="checkbox"/> Unemployment Stopped	<input type="checkbox"/> Social Security/SSI Stopped	<input type="checkbox"/> Wages Decreased
<input type="checkbox"/> TANF (Welfare) Decreased	<input type="checkbox"/> Unemployment Decreased	<input type="checkbox"/> Social Security/SSI Decreased	<input type="checkbox"/> Employment Stopped

BOX 4 – Report Increase in Benefits and/or Income Here:

Name:	SSN:	What date did the change occur?	
Old Amount \$ _____	New Amount \$ _____	<input type="checkbox"/> Medical Expenses Increased	<input type="checkbox"/> Child Care Increased
<input type="checkbox"/> TANF (Welfare) Started	<input type="checkbox"/> Unemployment Started	<input type="checkbox"/> Social Security/SSI Started	<input type="checkbox"/> Wages Increased
<input type="checkbox"/> TANF (Welfare) Increased	<input type="checkbox"/> Unemployment Increased	<input type="checkbox"/> Social Security/SSI Increased	<input type="checkbox"/> Employment Started
<input type="checkbox"/> Contributions from Friend/Family member started/increased	<input type="checkbox"/> Child Support started/Increased	<input type="checkbox"/> Other:	

*You MUST attach proof of the reported change. Verification must be dated "60 Days" from the date you submit this form to our office.

If you started employment, please complete the following information:
 Company Name: _____ Address: _____
 Supervisor Name & Phone Number: _____ City/State/Zip _____

It is currently the housing authorities' policy to process all reported decreased, however, we will process all increases resulting from the addition of new household members, and all increases over \$200 a month in income.

I am not adding anyone to my household. I am only reporting this change.

BOX 5 – Applicant/Resident Certification:

I/We certify that the information given above is accurate and complete to the best of my knowledge and belief. I/We understand any attempt to obtain Public Housing Assistance by providing false information, impersonation, failure to disclose or other fraud (and any act of assistance to such attempt) is a crime under Federal Law. I/We also understand that all changes in the income of any family member of the household as well as any changes in the household members must be reported to the Housing Authority in writing within 10 days from the date of change.

Head of Household _____ Date: _____

Spouse or Co-Head _____ Date: _____

Other Adult 18 or over _____ Date: _____

Other Adult 18 or over _____ Date: _____

Declaration of Section 214 Status

This Section to be completed by the Applicant

Last Name: _____ First Name: _____ Middle name: _____

Relationship to the head of household: _____ Sex: _____ Date of Birth: _____

Social Security Number: _____ Alien Registration Number: _____

Admission Number: _____ Nationality: _____
(If applicable-from INS Form I-94, Departure record) (Country to which you owe legal allegiance-may or may not be country of birth)

Instructions: Complete the declaration below by reviewing all four boxes and signing the ONE box that applies. A separate declaration form must be signed for each member of the household.

I, _____ hereby declare, under penalty of perjury, that:

1. I am a citizen or national of the United States of America.

Signature _____ Date _____

I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, no further action is required.

2. I am a non-citizen with eligible immigration status, as described on the reverse.

Signature _____ Date _____

I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, complete the reverse side including the Verification Consent

Request for an Extension

3. I hereby certify that I am a non-citizen with eligible immigration status as noted in #2 above, and as described on the reverse, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be taken to obtain this evidence.

Signature _____ Date _____

I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, complete the reverse side including the Verification Consent.

4. I am not contending eligible immigration status and I understand that I am not eligible for financial housing assistance.

Signature _____ Date _____

I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, no further action is required. You are NOT eligible for housing assistance.

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA 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 verification 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**

This Section to be completed by the Applicant

If you checked box 2 on the front side of this page, and are claiming to be a non-citizen with eligible immigration status, one of the following boxes MUST be checked:

A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a)(15) of the INA (8 USC 1001 (a)(20) and 1101 (a)(15), respectively). [immigrants] (This category includes a non citizen admitted under section 210 or 210A of the INA (8 USC 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);

A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 USC 1259);

A non-citizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 USC 1153 (a)(7) before 4-1-1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic national calamity;

A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 USC 1182 (d)(5)) [parole status];

A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 USC 1253 (h)) [threat to life or freedom]; or

A non-citizen lawfully admitted for temporary or permanent residence under section 245 A of the INA (8 USC 1255a) [amnesty granted under INA 245 A]

If you checked one of the above boxes you must submit one of the following documents:

Form I-551, Alien Registration Receipt Card (for permanent resident aliens);

Form I-94, Arrival-Departure record, with one of the following annotations:

- a) "Admitted as Refugee Pursuant to Section 207"
- b) "Section 208" or "Asylum"
- c) "Section 243(h)" or "Deportation stayed by Attorney General"
- d) "Paroled pursuant to Section 212(d)(5) of the INA"

If Form I-94, Arrival-Departure Record, is not annotated, please provide one of the following documents:

- a) A final court decision granting asylum (but only if no appeal is taken);
- b) A letter from an INS asylum officer granting asylum (if application is filed on or after 10-1-1990) or from an INS district director grant asylum (if application filed before 10-1-1990);
- c) A court decision granting withholding of deportation; or
- d) A letter from an INS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990)

Form I-688, Temporary Resident Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";

Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";

A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.;

Form I-152, Alien Registration Receipt Card.

If you checked box 2 or 3 on the reverse side, please complete this consent form

Verification Consent

I, _____ hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing;
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to; (a) HUD, as required by HUD; and (b) The INS for the purposes of verification of the immigration status of the individual. **Notification:** Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature _____ Date _____