



South Metro Housing Options

**SECTION 8 HOUSING CHOICE VOUCHER/PROJECT BASED VOUCHER**  
**INCOME CHANGE PACKET**

When reporting any changes in circumstance, please note that you must provide:

- The completed Change of Income form (**attached**)
- The signed/dated release of information (**attached**)
- Additional verifications/documentation depending on the change (see below)

<b>My change is....</b>	<b>Then provide.....</b>
Loss of Employment	✓ Provide a letter from your employer stating the last day of employment
New Employment	✓ Provide a letter from your employer stating the date your employment will begin, your hourly wage and the average number of hours you will work per week
Pay Raise	✓ Provide a letter from your employer stating the date your raise is effective, the new hourly wage and the average number of hours you work per week
Child Support	✓ Provide a printout from Family Support Registry (or Court Order) for last 12 months
TANF / OAP / AND / SS / SSI / SSDI	✓ Provide a printout from provider of current benefit amount
Student Status	✓ Letter from registrar for full or part time enrollment ✓ Verification of all financial aid
Medical/Child Care Expense	✓ Provide a printout from provider of current expense amount



## CHANGE IN HOUSEHOLD INCOME/EXPENSES

HOH NAME: \_\_\_\_\_ TENANT REPORTING NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DATE REPORTED TO OFFICE CHANGE: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

**YOUR CHANGE REPORT WILL NOT BE CONSIDERED COMPLETE UNTIL ALL REQUESTED INFORMATION IS PROVIDED.**

(Check all that apply)

### Decrease in Income

- Decreased regular and/or overtime hours at work \_\_\_\_\_
- Laid off: Who \_\_\_\_\_ Date: \_\_\_\_\_
- Loss of employment: \_\_\_\_\_
- Decreased or loss of Child Support: \$ \_\_\_\_\_, Date: \_\_\_\_\_
- Decreased or loss of Social Security or supplemental Social Security benefits \_\_\_\_\_
- Decreased or loss of Unemployment Benefits: \_\_\_\_\_
- Decreased or loss of Public Assistance Benefits from DHS (TANF, OAP, AND, AB, etc...) \_\_\_\_\_
- Decreased or loss of Other Income (Example: VA Pension, Workmen's Comp., Alimony, etc....) \_\_\_\_\_  
(Please specify source) \_\_\_\_\_

### Increase in Income

- Increase in regular and/or overtime hours at work, Hours: \_\_\_\_\_, Starting: \_\_\_\_\_
- Increase in pay rate at work: \$ \_\_\_\_\_, Date starting: \_\_\_\_\_
- Recalled to work after being laid off: \_\_\_\_\_
- Started new or another job: \_\_\_\_\_
- Increased or began receiving Child Support: \_\_\_\_\_
- Increased or began receiving Social Security or supplemental Social Security benefits: \_\_\_\_\_
- Increased or began receiving Unemployment Benefits: \_\_\_\_\_
- Increased or began receiving Public Assistance Benefits from DDHS (TANF, OAP, AND, AB, etc...) \_\_\_\_\_
- Increased or began receiving Other Income (Example: VA Pension, Workmen's Comp., Alimony, etc....) (Please specify source) \_\_\_\_\_

### Change in Allowances

- Medical Expense       Child Care Expense       Student Status
- Please specify change \_\_\_\_\_

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Signature

\_\_\_\_\_  
Date

"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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 willingly 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 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)\*\*: 6/29/2007





South Metro Housing Options

## HUD RENTAL ASSISTANCE PROGRAMS *GENERAL RELEASE FORM*

I hereby authorize South Metro Housing Options and/or its designated agents to obtain and receive all records and information pertaining to eligibility for the rental assistance program, including employment income (including IRS returns), alimony, child support, welfare benefits, TANF, living arrangements (Household Composition), credit report, criminal background checks including National Crime Information Center (NCIC), residency, and banking information from all persons, companies or firms holding or having access to such information.

This authorization hereby gives South Metro Housing Options (SMHO) the right to request all information that it can or could obtain from any persons, company or firm on any matter referred to above, including National Crime Information Center and national criminal reports.

I (we) agree to have no claim for defamation, violation of privacy, or otherwise against South Metro Housing Options (SMHO), any person or firm or corporation by reason of any statement of information released by them to South Metro Housing Options (SMHO) for the purpose of the program.

The term of this authorization shall commence on the date of signature and shall be in force for a period of one (1) year.

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Signature of Head of Household	Date	Printed Name
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Signature of Other Adult	Date	Printed Name
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Signature of Other Adult	Date	Printed Name
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Signature of Other Adult	Date	Printed Name
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