



Cincinnati Metropolitan Housing Authority (CMHA) requires all tenants to report changes to income or household composition in writing **within 30 days** of the change. To report a change, please complete the attached Report of Change Packet (link), which consists of:

- **Report of change form** – this form must be completed in its entirety, signed and dated. Incomplete forms may cause a delay in processing your information.
- **The Federal Release** (Form 9986) - this form requires the signature of every member of your household who is over 18. It also requires the social security number of the head of household.
- **Employment** – this form requires the name, signature, social security number.

In addition to these forms, when you submit your change please enclosed the following documentation.

- WHEN REMOVING INCOME – Proof from the source of the income stopping. For example: a letter of separation from an employer. *If this change will change again within 30 days, there will not be a change.
- WHEN ADDING INCOME – Proof from the source of the income. For example: Paystubs
- WHEN ADDING SOMEONE UNDER 18 TO THE HOUSEHOLD –proof of birth and SSN, and unless it is the tenant’s newborn child, we require proof of custody.
- WHEN ADDING SOMEONE OVER 18 TO THE HOUSEHOLD – the additional person must complete a police background check, provide picture ID, provide proof of birth, a copy of their Social Security card and proof of income. CMHA has the right to refuse to add anyone to the household. CMHA will notify you of the addition in the form of an interim/recertification addendum.

CMHA will accept reported changes by mail or fax, but to expedite the process you may bring in the verifications to the office located at 1635 Western Ave. No appointment is required to bring these verifications into the office and free copies will be made of your documentation. You will also be issued a receipt for all the documentation submitted at the front desk. Retain your receipt for your records.

Please allow 15 business days for processing your change. CMHA is required by its contract with HUD to conduct 3rd-party verification on all changes reported. Refer to the schedule below to see the effective date of your change (this will apply to most changes but not in cases where the income change will last less than 30 days, where there is a sanctioned welfare benefit or a recent move).

Paperwork Submitted by Tenant	To Increase or Decrease Income.	When will the change be effective?
Before the 15 th of the month	Decrease	The 1 st of the following month
Between the 15 th of the month and the last day of the month	Decrease	The 1 st of the following month
Before the 15 th of the month (for example, May 14)	Increase	The first of the month after 30 days (30 days would be June 30, and July 1 would be the first of the following month.)

To check the status of your reported change, please contact your housing specialist or the customer service line at 977-5800.

HOUSING CHOICE VOUCHER PROGRAM, 1635 WESTERN AVENUE, CINCINNATI, OHIO 45214

Phone: (513) 421-8190 **Fax:** (513) 977-5858 **TDD:** (513) 977-5807 **Job Line:** (513) 977-5659 **Website:** www.cintimha.com

Equal Opportunity Employer, Equal Housing Opportunities



REPORT OF CHANGE IN FAMILY COMPOSITION AND/OR INCOME

Name: _____ Client #: _____

Address: _____ Apt. #: _____ Zip Code: _____

Phone Number: (Home) _____ (Work) _____ (Cell) _____ E-Mail Address: _____

What change(s) are you reporting today? Check below the type of change you are reporting and list the nature of the change.

- Change in household composition _____
- Change in income _____
- Other _____

Families are required to report all changes in source of income and/or family composition as the changes occur because the amount of housing assistance payment is subject to adjustment should either your income or family composition change from what was reported at the time of your application/re-certification.

I certify that the persons listed here show a true and complete listing of all the persons (including myself) in the family.

	NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOC. SEC. NUMBER
1.					
2.					
3.					
4.					
5.					
6.					

I certify that the income listed here shows a true and complete listing of all the income/money of all the persons residing in the household. Please list student status for household members age 18 and older.

SOURCE OF INCOME	AMOUNT	PART/FULL TIME (IF EMPLOYED)	EMPLOYER'S ADDRESS & PHONE # (IF EMPLOYED)

Do you receive child support? _____ Do you receive any contributions? _____ Have you applied for unemployment benefits? _____

Have you received any type of payment or check in a lump sum amount in the past 12 months? Yes No (Please check one)

Do you have any other income/money other than from above listed sources? Please explain: _____

List all assets of all persons listed above (including, but not limited to savings account, checking account, stocks, bonds, credit union accounts, certificates of deposit, money market funds, IRA's, and property):

ASSET (TYPE)	INSTITUTION NAME	ACCOUNT #	BALANCE/VALUE
1.			
2.			

Have any assets been sold or transferred within the past 2 years? Yes No (Please check one)

Optional allowances:

A. **CHILD CARE EXPENSES:** Do you have childcare expenses due to employment and/or to further your education for any child age 12 and under? Yes No (Please check one)

B. **MEDICAL EXPENSES:** If Head or Spouse is 62 years (or older) or handicapped or disabled, do you also have on-going medical expenses that are not covered by insurance? Yes No (Please check one)
If "Yes", please list. (Also list cost of any medical insurance coverage you pay for): _____

I certify that the statements made for this report are true and complete to the best of my/our knowledge and belief.

SIGNATURE

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

PHA 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:

<u>X</u> 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.



FOR OFFICE USE ONLY	
Housing Program	_____
Specialist	_____
Client No.	_____
Review	_____

EMPLOYMENT VERIFICATION

To Be Completed by Employer Only

Date _____

Employer: _____
 Address: _____

Client Name: _____
 Client Address: _____
 SSN: _____

The person named above has either applied for or currently resides in assisted housing. CMHA is required by the Department of Housing and Urban Development to verify certain information to determine eligibility for housing assistance. Your cooperation and prompt response to this request for information is greatly appreciated. You may fill in this form and/or attach an appropriate computer printout for any needed information. The form can be returned by fax to the number listed below or by mail in the enclosed self-addressed envelope.

I hereby agree to the release to CINCINNATI METROPOLITAN HOUSING AUTHORITY of any documents and information in your possession concerning me and to you answering specific questions regarding my records; and hereby release your officers, agents or employees from damages that may result to me by reason of compliance with this authorization to the extent that such information about me is accurate. A faxed copy of this Release shall be considered an original form and provide such authorization as stated above.

SIGNATURE _____ DATE _____

Work Schedule Information:

Hourly Rate \$ _____ Eff. Date _____ Average hours normally worked per week _____ Average OT Hrs _____
 Date of FIRST pay this payroll year (*Actual*) _____ Payroll period starts on _____ (day)
 Employee is paid: Daily Weekly Bi-weekly Monthly Semi-Monthly Commission Amount Y-T-D \$ _____
 Is employment: Seasonal Co-op Student Piecework wages Work Study Title V Funded
 Current year-to-date gross earnings \$ _____ as of _____ Current Y-T-D tips if not included in gross \$ _____
 Last year's W2 gross earnings \$ _____

Pay Information: (last six gross amounts and pay dates)

Date Received:	Gross Earnings
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

Employment Information: (Please complete all that apply.)

Start date of employment _____ No longer employed, effective _____
 Between Assignments as of _____
 Laid-off on _____
 On leave of absence since _____ Paid? \$ _____ per _____
 Child Support is being withheld at the amount of \$ _____ per pay
 Employee has single/family health insurance being withheld at the amount of \$ _____ per pay
 Date and amount of final pay: _____ \$ _____

Name (please print): _____ **Title:** _____

Signature: _____ **Date:** _____

Phone: _____ **Fax:** _____

Proper Address for verification if different than above _____

Attached: Authorization for Release of Information if not signed above.

(Rev. 11/6/2008)