

VALLEJO HOUSING AUTHORITY

CHANGE IN INCOME/REMOVE A FAMILY MEMBER FORM

INSTRUCTIONS

Step 1: Get the **Change in Income/Remove Family Member form** (yellow form).

Step 2: Fill out box #1 at the top of the page (Name, Phone, Date of Change, etc.).

Step 3: Fill out boxes #2, #3 and #4 **if they apply to you**.

For example:

- If you are reporting a change in **employment**, complete **box #2**. Make sure to include the name of the household member whose income has changed.
- If you are reporting an income change **other** than employment, complete **box #3** by checking the appropriate box(es) as described.
- If you are **REMOVING** a household member, complete **box #4**.

PLEASE NOTE: Decreases submitted **before the 10th** of each month **with all of the required information** will be processed effective the first of the next month. If any information is missing, the decrease will be delayed until the first of the month **after** all required information is received.

If a change is submitted after the 10th of the month with all required documentation, or it will result in an increase in the family's share of rent, it will be processed effective the first of the following month.

Step 4: Please make sure form is complete and **ALL** supporting documentation is attached (the required documentation is listed on the same line in the column to the right of your listed change).

For example:

- If you are reporting **employment** information, proof of employment and two most recent paystubs or separation letter on company letterhead is required.
- If you are reporting that **unemployment** benefits are starting or stopping, you will need to provide a copy of the EDD Award letter and/or pay stub.
- If you are reporting receipt or ending of **CalWORKS**, you will need to provide a current printout or Notice of Action.
- If you are **removing a household member**, a list of acceptable verification is on the right of the form.

Step 5: Read the **WARNING** statement. Head of Household must sign and date the form. If the reported change involves another adult in the household, he/she must also sign and date the form.

Step 6: Sign the **Authorization for the Release of Information** form found on the back of the form. The Head of Household and other adult reporting any change(s) **MUST** sign, date and provide social security number.

Step 7: Attach the *Report of Change in Income/Remove Family Member* form and all required documentation and submit it to the VHA.

NOTE: You will be notified of the result of the requested change(s) by **MAIL**

(See reverse side of this instruction sheet for additional important information.)

If you are a person with a disability and need a reasonable accommodation in order to fully access and use the VHA's programs and services, please submit your request in writing to the Vallejo Housing Authority, 200 Georgia St. Vallejo, CA 94590. For more information, please call the VHA at (707) 648-4507. The hearing impaired may call the California Relay Service at (800) 735-2922 without TTY/TDD or (800) 735-2929 with TTY/TDD.

VALLEJO HOUSING AUTHORITY

CHANGE IN INCOME / REMOVE FAMILY MEMBER
(PLEASE PRINT CLEARLY)

HEAD OF HOUSEHOLD LAST NAME

FIRST NAME

ADDRESS

PHONE/CONTACT NO.

Are you a participant in any of the following programs? (Please circle) Veterans Affairs Supportive Housing (VASH)
Family Self-Sufficiency Participant (FSS) Project Based Voucher Participant (PBV) Home Ownership Participant

EMPLOYMENT CHANGES Verification must consist of
are reporting that employment has ended, you must provide
employer.

at least 2 consecutive paystubs reflecting change. If you
a letter of termination on company letterhead from your

1). Name:
Employment: [] Started [] Stopped
Salary: [] Increased [] Decreased
Effective date:

Employer Name:
Address:
Phone: Fax:

2). Name:
Employment: [] Started [] Stopped
Salary: [] Increased [] Decreased
Effective date:

Employer Name:
Address:
Phone: Fax:

OTHER INCOME/ALLOWANCE CHANGES

Child Care: [] Started [] Stopped [] Changed
Child Support: [] Started [] Stopped [] Changed
Disability [] Started [] Stopped [] Changed
Social Sec/ SSI [] Started [] Stopped [] Changed
Unemployment:[] Started [] Stopped [] Changed
CalWORKS: [] Started [] Stopped [] Changed
Work. Comp: [] Started [] Stopped [] Changed
Medical Expenses: [] ATTACH DOCUMENTS
Other (Specify)

REQUIRED DOCUMENTATION:

Last 4 receipts or letter from child care provider
Current 12 month history printout
Current EDD award letter - ALL Pages
Current Social Security printout
Current EDD award letter - ALL Pages
Current letter/ notice of action - ALL Pages
Current award letter from worker's comp company - ALL Pages
Must supply current printout from pharmacy/Proof of
recurring payments

REMOVING HOUSEHOLD MEMBER(S)

1). LAST NAME FIRST NAME
2). LAST NAME FIRST NAME

REQUIRED DOCUMENTATION:

• Proof of new residence (Example: Rental agreement, utility
bill or pay stub showing name and new address)
• Court documents showing custody and/or guardianship of
minors being removed
• Death certificate
If removing more than 2 people, use separate sheet of paper

WARNING: Section 1001 of Title 18 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 or agency of the United States. I/We certify by signing below, that I/We have supplied accurate and complete information. I/We understand that reporting false
or incomplete information is fraud and may result in denial or termination of rental assistance.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF OTHER ADULT

DATE

HEAD OF HOUSEHOLD AND ANY OTHER ADULTS REPORTING CHANGES MUST SIGN THE FRONT AND BACK OF THIS FORM

Authorization for the Release of Information

Tenant ID _____

HA requesting release of information:

CITY OF VALLEJO
Housing Division
P.O. Box 1432
Vallejo, California 94590-5905

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 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 information that is obtained based on the consent 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.

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 review and hearing procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Social Service Agencies
- State Unemployment Agencies
- State Wage Information Collection Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies
- Internal Revenue Service

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. 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 | |
| _____ Spouse | _____ Date | _____ Other Family Member over age 18 | _____ Date |
| _____ Other Family Member over age 18 | _____ Date | _____ Other Family Member over age 18 | _____ Date |

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 this 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 HA or the owner responsible for the unauthorized disclosure or improper use.