



Newport News Redevelopment and Housing Authority,
Ph# 757-928-6060

P.O. Box 797 Newport News, VA 23607
Fax# 757-247-7117

HCV INTERIM CHANGE -- CHANGE IN INCOME

Today's Date _____ Case Coordinator name: _____ Current rent you pay\$ _____
Name _____ Address _____ Apt. ____ N.N., VA Zip Code _____
Soc.Sec# _____ Phone# or Cell# _____ E-mail _____

COMPLETE THE ENTIRE FORM

I do hereby swear and attest that all of the information about me and my household is true and accurate. I also understand all changes in my income or any family member's income must be reported to N.N.R.H.A.in writing within 10 days.

What type of change being report : _____

Explain what caused the change:

If you are reporting **ZERO (\$0) INCOME** , you must complete the **ZERO INCOME QUESTIONNAIRE** form that is attached.

NOTE: YOU WILL HAVE A 3 MONTH REEXAMINATON. THE FAMILY MUST SHOW HOW THE FAMILY IS MEETNG THEIR FINANCIAL OBLIGATIONS.

EMPLOYMENT - NAME OF PERSON WHO IS EMPLOYED: _____

increase in pay decrease in pay check stubs attached

rate per hour \$ _____/hr _____ #hr/wk

how often paid: weekly bi-weekly monthly bi-monthly

NAME OF CURRENT EMPLOYER:	NAME OF FORMER EMPLOYER:
start date:	termination date:
ADDRESS:	ADDRESS:
PHONE# FAX#	PHONE# FAX#
Supervisor or Contact Person's Name:	Supervisor or Contact Person's Name:

COMPLETE THE ENTIRE FORM

pg. 2

(note: enter \$0 if does not apply)

TANF \$ _____ SSA \$ _____ UNEMPLOYMENT \$ _____ PENSION \$ _____

SNAP \$ _____ SSI \$ _____ OTHER \$ _____ ALIMONY \$ _____

CHILD SUPPORT \$ _____ per week bi-weekly month

1) active child support, sign in on the **MyChildSupport Portal** at: <https://mychildsupport.dss.virginia.gov>
information must be e-mailed to your Asst. Hsg. Coordinator.

2) change in child support was a: increase decreased

3) copy of court order attached: yes no will have to bring into the office

4) copy of written statement attached: yes no will have to bring into the office

(note: if there are no attachments, you are causing a delay in processing your interim)

CHILD CARE \$ _____ name and address of provider: _____

paid per week paid bi-weekly paid month

SELF-EMPLOYED

type of business:
name of business:
business licensed yes / no
average monthly amount \$
how long in the business

WARNING: Section 1001 of Title XVII of the United States Code makes it a criminal offense to make willful untrue statements or misrepresentation to any department of the United States as to any matter within its jurisdiction.

I certify that the above information is correct, true and accurate and I understand that any false information will be grounds for denial or termination with the Housing Choice Voucher Program.

I understand that I will be obligated to reimburse the N.N.R.H.A. any amount overpaid on my behalf as a result of and/or fraudulent statements and documentation.

Signature of Head of Household: _____

Date: _____

Signature of other adult: _____

Date: _____



**NEWPORT NEWS REDEVELOPMENT AND
HOUSING AUTHORITY
CONSENT FOR INFORMATION DISCLOSURE**

I authorize Newport News Redevelopment and Housing Authority's Section 8/Occupancy Department to receive information from the following for the purpose of determining continued eligibility for Housing Choice Voucher Program participation:

Information being requested shall be limited to:

- Income from any source
- Dept. of Social Services
- Child Support Enforcement
- Social Security Administration
- Veterans Administration
- Retirement/Pension/Annuity
- Financial Institutions/Banks
- Educational Institutions
- Child Care Providers
- Previous/Present Landlord references
- Criminal History Requests
- Certifications from other Subsidized housing agencies
- Medical Facilities
- Credit Report
- Any information deemed necessary to determine continued eligible in the HCV Program

I understand that my records are protected under Federal and State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in compliance with laws and regulations.

Date

Applicant's/Participant's Name(print)

Applicant's/Participant's Signature

Applicant's/Participant's Social Security #

This consent form expires 15 months after signed.

rev 6/10bj

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**FOR OTHER ADULTS IN HOUSEHOLD
NOT HEAD OF HOUSEHOLD**

Applicant's/Participant's Name(print)

Date

Applicant's/Participant's Signature

Applicant's/Participant's Social Security Number

NNRHA STAFF USE ONLY

This consent form expires 15 months after signed.

Applicant's/Participant's initials

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.

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)

NEWPORT NEWS REDEVELOPMENT AND HOUSING
AUTHORITY

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(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.



Newport News Redevelopment and Housing Authority
PUBLIC & ASSISTED HOUSING DEPARTMENT

INCOME STATEMENT

Household Name: _____ SS#: xxx - xx - _____
Address: _____ Zip Code: _____

I certify the following information provided on household income is true and complete to the best of my knowledge.

I/we do not have any earned income and have reported all other sources of income to the N.N.Housing Authority as required to maintain my continued assistance on the HCV program

Initials

If you were recently terminated from employment, what was your last day of employment _____.

Initials

What is your employer's name and address and phone # or fax#:

Name: _____

Address: _____

Phone # or fax # or e-mail address: _____

Initials

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

Signature: _____ Date: _____





NEWPORT NEWS REDEVELOPMENT AND HOUSING AUTHORITY
PUBLIC & ASSISTED HOUSING DEPARTMENT
PO BOX 797
NEWPORT NEWS, VA 23607
PUBLIC HOUSING PROGRAM / HOUSING CHOICE VOUCHER PROGRAM

Zero Income Questionnaire

Date: _____

Head of Household: _____

Address: _____

Telephone: _____

Home
Work
Cellphone

Note: If a household has zero income, all adult family members 18 years of age and older are required to sign the Zero Income Affidavit. This questionnaire is to be filled out for all cash and non-cash income and/or contributions received by the family.

Indicate the dollar amount for your monthly living expenses below under "Monthly Amount" (if \$0, enter "none")

Item/Expense	Monthly Amount	Paid by whom?	Phone #	Address
Rent				
Electric				
Gas				
Water/Sanitation				
Telephone (including cell)				
TV Cable/Internet				
Car Payment(s)				
Car Insurance				
Life Insurance				
Credit Card Payment(s)				
Loans				
Other Outside Household Contributions (i.e. food, clothes, etc.)				
Total Monthly Amount:				

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 or representative of the U.S. Government.

I certify that the information provided is true and accurate.

Head of Household (Print Name)	Signature	Date
Other Adult Family Member (Print Name)	Signature	Date
Other Adult Family Member (Print Name)	Signature	Date





NEWPORT NEWS REDEVELOPMENT AND HOUSING AUTHORITY
 PUBLIC & ASSISTED HOUSING DEPARTMENT
 PO BOX 797
 NEWPORT NEWS, VA 23607
 PUBLIC HOUSING PROGRAM / HOUSING CHOICE VOUCHER PROGRAM

Zero Income Affidavit

Date: _____

Head of Household: _____

Address: _____

I, (*print name*) _____, do hereby swear and affirm that I do not have or receive any income. This includes but is not limited to the following:

1. Wages, salaries, pay for work, commissions, fees, tips, bonuses or any other compensation for services;
2. Income from the operation of a business or profession;
3. Benefit payments such as social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of benefits;
4. Payments received in place of salary or wages; such as unemployment, worker's compensation and severance pay;
5. VA State Dept of Social services welfare assistance including payments suspended because of fraud or failure to comply with economic self-sufficiency or work activities requirement;
6. Alimony or child support;
7. Regular contributions or gifts received from someone not part of the household;
8. Regular pay, special pay and allowances of member of the Armed Forces whether or not living in the dwelling);
9. Universal or whole life insurance or other assets that have been disposed of in the last two years for less than fair market value.

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 or representatives of the U.S. Government.

By signing below, I authorize the release of information to verify the above affirmation and declaration that I have zero income. I acknowledge that NNRHA will check EIV data every 90 days and/or, conduct an interim re-examination and that I must report **ALL** changes in annual income within **10** business days of the change.

Signature

Social Security Number

Date

Are you the head of household Yes No

If not, please indicate your relationship to the head of household _____

