



Newport News Redevelopment and Housing Authority, P. O. Box 797, Newport News, VA 23607
 Ph# 757-928-6060 Fax#757-247-7117

HCV INTERIM CHANGE -- CHANGE IN FAMILY COMPOSITION

Date _____ Coord. 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 : _____ / adding family member _____ /removing family member

State what is your change you are reporting:

LIST ALL FAMILY MEMBERS LIVING IN THE HOUSEHOLD*

FAMILY MEMBERS

	Last name, First name, MI	Relationship	Sex	Birthdate	SS#
1				/ /	- -
2				/ /	- -
3				/ /	- -
4				/ /	- -
5				/ /	- -
6				/ /	- -
7				/ /	- -
8				/ /	- -

TO add or remove a family member you MUST GET APPROVAL. According to HUD form 52646, Obligations of the Family, 4.B.9, The family must request PHA written approval to add any other family member as an occupant of the unit.

Call your Coordinator for an appointment or you will receive a letter for an appointment.

MARRIAGE DATE: _____

MARRIED TO: _____

ANY FAMILY MEMBER IN HOUSEHOLD EMPLOYED? Yes _____ no _____

increase

decrease

check stubs attached:

EMPLOYMENT - NAME OF PERSON WHO IS EMPLOYED: _____

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

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

NAME OF EMPLOYER:		NAME OF EMPLOYER:	
ADDRESS:		ADDRESS:	
PHONE#	FAX#	PHONE#	FAX#
Supervisor or Contact Person's Name:		Supervisor or Contact Person's Name:	

FORMER EMPLOYER'S INFORMATION

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



**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.

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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

DECLARATION

Restrictions on Housing Assistance to Noncitizens

In accordance with HUD final rule, 24 CFR Parts 812.5 and 912.6, effective June 19, 1995, financial (rental/housing) assistance shall be restricted to U.S. Citizens or Noncitizens who have eligible immigration status.

The family members(s) indicated below under penalty of perjury declare that he/she is a **U.S. Citizen**. For each adult, the declaration must be signed by the adult. For each child under the age of 18, the declaration must be signed by an adult of the family residing in the assisted dwelling unit who is responsible for the child.

<u>Household Member Name</u>	<u>Relationship of Head of Household</u>	<u>Signature</u>	<u>Date</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

The family member(s) indicated below under penalty of perjury declare that he/she is a **Noncitizen With Eligible Immigration Status**. For each adult, the declaration must be signed by the adult. For each child under the age of 18, the declaration must be signed by an adult of the family residing in the assisted dwelling unit who is responsible for the child.

<u>Household Member Name</u>	<u>Relationship of Head of Household</u>	<u>Signature</u>	<u>Date</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

NOTE: Noncitizens must sign the attached verification consent form and provide evidence of eligible immigration status. The NNRHA will retain photocopies of the documents.