

Pasco County Housing Authority



13931 7th St. Dade City, FL 33525

Main Office (352)567-0848
Fax number (352)567-6035
Hearing Impaired
Dial 7-1-1 for Florida relay

Jeff Sklet
Executive Director

ATTENTION CLIENTS SUBMITTING A CHANGE FORM

-ALL CHANGES MUST BE REPORTED WITHIN 10 DAYS-

Your change form will be rejected and returned **if no supporting documentation is attached** and all forms are not signed and filled out completely. If you are unable to provide supporting documentation **you must indicate on form or on a separate sheet.**

If you are faxing this change form make sure both sides are faxed. **The fax number is (352) 567-6035.**

******PLEASE NOTE THAT IT CAN TAKE 30-45 BUSINESS DAYS TO PROCESS AN INTERIM CHANGE OR LONGER IF SUPPORTING DOCUMENTATION IS NOT ATTACHED.**

WHAT TO SUBMIT AS ACCEPTABLE DOCUMENTATION

New Employment: Please provide a letter of hire on company letter head that provides hours worked, rate of pay and how often paid or **4 to 6** pay stubs.

Loss of Employment: Provide a letter from employer that includes name, address, phone and last day worked.

Self-Employment: Provide last year's tax return or notarized statement of self-employment. If submitting a notarized statement of self-employment, please provide a ledger that shows income received and expenses paid. Receipts should also be submitted.

Contribution: A statement with the amount of financial assistance you receive on a monthly basis. This includes any expenses that are paid on your behalf. (All statements of contribution must be notarized and provide contributor contact information). A Zero income form should be filled out completely and returned with contribution statement.

Unemployment: Please provide current award letter.

Zero Income Form: Please complete form leaving no blanks and submit with supporting documentation such as utility bills, receipts, and letter from contributor if any.

Childcare: Please provide a written statement from child care provider indicating child's name, amount received and frequency (weekly, bi-weekly, or monthly). Statement must include providers' contact information.

Verification of Live-in aide or caregiver: Please provide a note of letter from doctor.

Removing person from household: Please provide proof that household member is no longer part of the household, such as utility bill or lease. If you are unable to provide this information, you must provide a notarized statement as to when household member was removed and landlord must be informed.

Adding member to household: Pasco Housing Authority does not approve additions unless it is by birth, marriage, adoption or court-awarded custody. The owner and Pasco Housing MUST approve. Please provide Birth Certificate, Social Security Card, Photo Id and all income to be added to household.

Custody: You must provide documentation from court or agency providing legal custody of minor child.

******Adding anyone to the household you must provide Photo id, Social Security Card, Birth Certificate and all income.******



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Section 8 Change Form

Please complete the entire form. Please put N/A (non -applicable) were it does not apply. Tenant #: _____

Name of Head of House: _____ Last Four digits of SS#: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Current Address: _____

Dear Applicant or client:

All changes must be done by completing this form. If you are a section 8 client it is your responsibility according to Section 8 policy, to report all changes in income and family size to the Housing Authority, in person, within ten (10) days of the date the change occurred. Failure to do so could result in termination of your Section 8 Assistance. If this information has not been reported timely, an overpayment may have occurred and you may be asked to reimburse the Housing Authority.

CLIENT IS RESPONSIBLE FOR RENTAL PORTION UNTIL A NOTICE IS SENT TO THE HOME AND LANDLORD

YOU MUST SUPPLY SUPPORTING DOCUMENTAION FOR EACH CHANGE YOU ARE REPORTING. Failure to supply documentation will result in change not being processed.

Check each box if applicable: Your Specialist Name: _____ Date Received: _____

My family Size has changed. My new family size is as follows:

Last Name, First Name:	MI	Relationship:	Sex:	Age:	SS#	D.O.B	Race:	Birth Place:

If you are removing a family member from the household please explain why. _____

You MUST provide documentation proving that household member left the home. (Lease, Utility bill, Cable bill, Driver's license, etc.)

PLEASE COMPLETE BOTH SIDES OF CHANGE FORM



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ALL INFORMATION PERTAINING TO INCOME CHANGE MUST BE PROVIDED, TRUE AND CORRECT.

My Total Family Income has changed. My new Total Family Income is (included employment, child support, TANF, Social security, SSI, retirement, unemployment and any other income):

REQUIRED INFORMATION AND DOCUMENTATION NEEDED

Former Employer: _____ Rate of Pay: _____ (Hourly)
Last day worked: _____ Phone: _____ Fax: _____
Address: _____
Reason for leaving: _____

New Employer: _____ Rate of Pay: _____ (Hourly)
Hire Date: _____ Phone: _____ Fax: _____
Hours per week: _____ Paid: (check one) Daily Weekly Bi-Weekly Monthly

OTHER INCOME

Other changes in income: _____
Effective when: _____ Amount: _____
How often: _____ Comments: _____

Are you reporting ZERO Income? Yes No If YES, you must complete a **ZERO Income Form.**
A monthly appointment for all Zero Income clients may be requested, showing how the family is meeting their financial obligations. Bills and receipts will be required if appointment is requested.

My Child Care Provider has changed.

Name of Provider: _____ Phone: _____ Fax: _____
Amount Paid: _____ (check one) Daily Weekly Bi-Weekly Monthly

My housing situation has changed. My new Housing situation is: (other comments you wish to place below)

Monthly Rent \$ _____ I pay the following utilities:

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Please note that it is a criminal offense to make willful and untrue statements or misrepresentations to any department of agency of the United States to any matter within its jurisdiction.

I certify that the above information is correct, TRUE AND COMPLETE and I understand that any misrepresentation will be grounds for denial or termination with the Section 8 program. I understand that I will be obligated to reimburse the Pasco Housing Authority any money received as a result of misrepresentation and/or fraud against the program.

Signature: _____ Date: _____



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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	Other Family Member over age 18	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 HA 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. 07/31/2021

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Pasco County Housing Authority (PCHA)
Executive Director: Jeff Sklet

13931 7th Street Dade City, FL 33525

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(I)(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.