



Dear Participant:

Thank you for your request for an Interim Reexamination Packet due to changes in your household composition or income. Enclosed find a packet of forms that must be completed in order to process your request:

1. Complete and sign the Interim Re-examination Update Form (page 1).
2. Complete the Household Changes section (page 2).
Complete only the sections that pertain to the change you are reporting.
3. All adults 18 and older must sign the Client Consent for Income Verification and Background Record Release and the Authorization for the Release of Information Privacy Act Notice-HUD form 9886. If reporting no income, the **Affidavit of No Income Status form must be completed and notarized.**
4. **Attach documentation only for the change you are reporting.** For example, if you lost your job, then a letter on the company's letterhead is needed.
5. All approved interim requests will be retroactive to the first day of the month after the month in which the request was received.

It is our goal to process your changes as quickly as possible. It is important that you provide us with complete information in order to expedite your request. Please make a copy of all documents for your record before returning your packet to the HCVP office.

You may direct any questions to the Customer Service Department at (216) 431-1471 or your Eligibility Specialist.

Sincerely,

HOUSING CHOICE VOUCHER PROGRAM

(Revised 10.17.2011 ddh)

Jeffery K. Patterson, Acting Chief Executive Officer, Cuyahoga Metropolitan Housing Authority



INTERIM REEXAMINATION UPDATE FORM

Current Date: _____ Client Control Number: _____

Name of Head of Household _____

Address _____

City _____ OH Zip Code _____

Home Telephone Number _____ Work Telephone No. _____

[Please list a number where you may be reached in the event your request needs clarification.]

DESCRIBE THE CHANGE YOU ARE REQUESTING:

Authorizations, Representation and Certifications

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for participation, and may be grounds for termination of assistance.

WARNING! TITLE 18, SECTION 1001 OF THE U.S CODE, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony.

Penalties include:

1. Termination of Section 8 Assistance
2. Requirement to repay all overpaid rental assistance paid on your behalf
3. A fine of up to \$10,000
4. Imprisonment from up to five years and or
5. Prohibition from receiving future assistance

Signature of Head of Household _____ Date _____

Interim Re-examination Update of Household Changes

List new family members. (Must attach birth certificate, social security card, identification for 18 years and older, letter from landlord approving additional family member, proof of income for new family members, if applicable.)

First Name	Last Name	Relation to Head	Sex	Age	Birth Date	Soc. Sec. Number

List family members being removed from the home.

First Name	Last Name	Relation to Head	Expected date of departure	Household Income Contributed by Member

List previous and new changes in household income. (Attach documentation of reported change.)

Previous Income Source and Amount	Current Income Source and Amount	Amount of Income Increase or Decrease	Temporary or Permanent Change

List change in allowances and deductions: (Attach documentation of day care, medical expenses, etc.)

Type of Allowance or Deduction (+ or -)	Amount and Frequency of Payments	Name, Address, Phone Number of Service Provider



Client Number: _____

Date: _____

Client Consent Form for Income Verification and Background Record Release

By signing below I give the Cuyahoga Metropolitan Housing Authority, Housing Choice Voucher Program (“HCVP”) permission to obtain or gather information pertaining to my household in order to continue assistance under the voucher program.

I understand by giving my permission the HCVP will obtain information or materials necessary to complete or verify previous or current employment; retrieve credit history; retrieve information from the Internal Revenue Service, Child Support Enforcement Agency, Social Security Administration, County Health and Human Services, Veteran’s Administration, and Bureau of Worker’s Compensation or any other Agency the HCVP may use to verify income.

I hereby further authorize and request any and all agencies having information and/or records pertaining to the undersigned, to furnish full and complete information to any duly authorized representative of CMHA, who presents this authorization. I authorize any Law Enforcement Agency, Probation Office, Parole Office, Common Pleas Court, Municipal Court, Juvenile Court, Doctors, Hospitals, Landlords-past and present, and Social Service Clearing-House, with knowledge of my background, to freely furnish their reports, evaluations and/or opinions to CMHA for examination and reproduction.

Print Head of Household

Signature of Head of Household

Print Household Member 18 years or older

Signature of Other Household Member

Print Household Member 18 years or older

Signature of Other Household Member

Print Household Member 18 years or older

Signature of Other Household Member

Print Household Member 18 years or older

Signature of Other Household Member

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)

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.

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.



AFFIDAVIT OF NO INCOME STATUS

Date: _____

Control Number: _____

I, _____, confirm that no member of my household is currently receiving any income.

- I understand that as a condition of continued participation in the Housing Choice Voucher Program, I (and all other members of my household) am required to report all changes in income immediately.
- I understand that any misrepresentation of income and/or household composition will be considered a breach of Family Obligation as set forth on the Certificate (Voucher) of Family Obligation and may result in termination of my participation in the Housing Choice Voucher Program.
- I understand that I, and/or members of my household, may be called into the Housing Choice Voucher Program periodically to update this form.

Signature

Sworn to before me and subscribed in my presence
this ____ day of _____, _____,
by _____.
(Signature)

Notary: _____
My Commission Expires: _____

(SEAL)