

HOUSING AUTHORITY OF MARICOPA COUNTY

SECTION 8

CHANGE REPORT FORM

Head of Household: _____ Soc Sec #: _____

Mailing Address: _____ Phone #: _____
Street Address City Zip

MARK ALL THAT APPLY - USE SEPARATE FORM IF NEEDED.

EMPLOYMENT CHANGE INCREASE DECREASE

(MUST ATTACH VERIFICATION: Check stubs, Award letters, Child Support statements, Print-outs, etc.)

Member with income change: _____ Effective date: _____

Name of Employer: _____

Address: _____

Phone: _____ FAX: _____

Start date: _____ Hourly Wage: \$ _____ Hours per Week: _____

Reason for Decrease: Termination Reduced hours: Old # of hours? _____ New # of hours? _____

Other reason: _____

OTHER INCOME CHANGE Check one: Increase Decrease Member: _____

(MUST ATTACH: SS/SSI/TANF/Food Stamp Award letters, Child Support statements, Print-outs, etc.)

Social Security/SSI Amount: \$ _____ Effective: _____

TANF Case #: _____ Amount: \$ _____ Effective: _____

Child Support State: _____ Case#: _____ Amount: \$ _____ Effective: _____

Other (explain): _____ Amount: \$ _____ Effective: _____

HOUSEHOLD COMPOSITION CHANGE ADD REMOVE

To Add, MUST ATTACH: Birth Certificate, Social Security Card, Written Permission from your Landlord. For Adult: Picture ID and Proof of Income and Signed Release of Information Form.

Name: _____ Relation: _____ DOB: _____ SS# _____

Name: _____ Relation: _____ DOB: _____ SS# _____

CHILD CARE Check one: New Increase Decrease No longer Have Child Care

Child Care Provider Name: _____

Full Address: _____

Phone Number: _____ Amount you pay per week: \$ _____

I certify that the information given to the Housing Authority of Maricopa County is accurate and complete to the best of my knowledge and belief. I understand that false statements or information is punishable under Federal law. I also understand that false statements or information is grounds for termination of housing assistance.

PRINT NAME SIGNATURE DATE

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.

Housing Authority of Maricopa County

2024 North 7th St., Suite 101, Phoenix, AZ 85006-2155
602-744-4500 Phone 602-254-3227

AUTHORIZATION FOR RELEASE OF INFORMATION

AUTHORITY: Section 904 of the Stewart B. McKinney Homeless Assistance Amendment 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. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a.

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the **Housing Authority of Maricopa County (HAMC)**, any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under the Section 8 Housing Assistance Programs. I understand and agree that this Authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing Program rules and policies.

INFORMATION COVERED: I understand that, depending on Program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Assets
Employment Income	Medical Allowances
Residences and Rental Activity	Criminal Activity
Child Care Allowances	Credit Activity

I understand that this Authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information (depending on Program requirements) include, but are not limited to:

Other Public Housing Agencies	Welfare Agencies
Past and Present Employers	Medical Providers
Retirement Systems	Banks
Unemployment Agencies	Schools/Colleges
Courts and Post Offices	Credit Unions
Veteran's Administration	Utility Companies
Child Care Providers	Credit Providers
Support and Alimony Providers	Credit Bureaus
Social Security Administration	
Local, State & Federal Law Enforcement Agencies	

COMPUTER MATCHING NOTICE AND CONSENT:

I understand and agree that HUD or the HAMC may conduct computer-matching programs to verify the information supplied for my application and/or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the HAMC may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State Welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this Authorization may be used for the purposes stated above. The original of this Authorization is on file with the HAMC and will stay in effect for one year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

PRIVACY ACT NOTICE: The following laws authorize the collection of this information by HUD or the HAMC: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the Social Security numbers of all household members at least six (6) years old.

HEAD OF HOUSEHOLD

PRINT NAME: _____
SIGNATURE: _____
DATE SIGNED: _____

SPOUSE OR 2ND ADULT

OTHER ADULT (3RD ADULT)

PRINT NAME: _____
SIGNATURE: _____
DATE SIGNED: _____

OTHER ADULT (4TH ADULT)

