

INTERIM REQUEST

Family Name: _____

Address: _____

Phone Number: _____

Email: _____

REASON FOR CHANGE(S)

(Please check all applicable changes and attach documentation)

_____ Increase in Income (must be submitted within 10 days of the date of the change)

_____ Decrease of Income

_____ Addition to the household composition (An addition to the family composition of any adult must have the written consent from the landlord)

_____ Removal of household member (Proof of a new address such as a copy of their lease, utility bill, mail with their new address, a letter from a Federal, State or municipal agency with their new address,

_____ Other: _____

PLEASE NOTE THE FOLLOWING BELOW

- Families must submit proof of the claim of change or it will cause a delay in the adjustment of rent
- **Decreases** in income will be processed effective the **1st of the following month** when the change was reported as long as proof is submitted.
- **income increases** must be reported **within 10 days of the date of the change**. Failure to report this change promptly may cause the family to enter into a repayment agreement with NBHA due to overpayment in housing assistance to the family

INCOMPLETE PACKETS AND OR NO DOCUMENTATION PROVIDED WILL NOT BE PROCESSED AND THE FAMILY WILL BE NOTIFIED VIA MAIL.

RECERTIFICATION UPDATE

Date: _____

Please list all current information and note any changes which may have occurred since your last certification. Do not leave any blanks. Use N/A where applicable.

1. PARTICIPANT INFORMATION

Name _____

Address _____

Head Work Phone # _____

	Name	Relationship to head	Birth Date	Disabled Y/N	SS#(last 4 digits)	Student Y/N
Head		HEAD				
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Do all listed minors live in the unit at least 50% of the time? Yes No

Do you anticipate any changes in household income or sources in the next twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	
Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	

Is this the entire household to occupy the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, list and explain	
No one else can join the household without prior management approval. Do you plan to have anyone living with you in the future who is not listed above?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list and explain.	
Have there been any changes in this household since the previous certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what were the changes?	

Do you need any specific features or unit designs such as wheelchair accessibility, visual aids (Braille) or Apparatus for hearing assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No.
If yes, describe		

To be clear in regard to government definitions, we will now go over a checklist of household income and assets. Please answer yes or no to the following and if yes, provide the amounts. Do you or any family member have income from:

			Head of Household	Other Household Member
Social Security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
SSI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
Scheduled Payments from Pension/Annuity Investment/Retirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
Veterans Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
Disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
Unemployment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
Workman's Comp?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
TANF/Public Assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
Employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
Do you receive Alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
Do you receive Child Support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
Military Pay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
Net Income from Business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
Contributions (monetary or not) from Friends/Relatives/Etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
Income from Assets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
Long Term Medical Care Insurance Payments in excess of \$180/day	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
Other Income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
**Grants or Scholarships?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	

[**Amounts received which exceed the cost of tuition may have to be included in income]

Do you file Income Tax returns? Yes No

Is any member of the household likely to receive income or assistance from someone who is not a member of the household on Page 2? Yes No

If yes, please explain:

Do you or a family member have any of the following assets?

Real Estate Property: <i>Do you own any property?</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, Type of property</i>			
Location of property			
Appraised Market Value		\$	
Mortgage or outstanding loans balance due		\$	
Amount of annual insurance premium		\$	
Amount of most recent tax bill		\$	
Checking/Direct Deposit Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Savings Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Debit card not associated with a checking account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Stocks or Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Trust Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you sold/disposed of any property in the last 2 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, Type of property</i>			
Market value when sold/disposed		\$	
Amount sold/disposed for		\$	
Date of transaction			

Have you disposed of any other assets in the last 2 years (Examples: Given away money to relatives, set up Irrevocable Trust Accounts)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe the asset</i>			
Date of disposition			
Amount disposed		\$	

Do you have any other assets not listed above (excluding personal property)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please list:</i>			

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return and whose children are not dependents on another's tax return other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the full time student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Certification by Tenant(s): I/We have understood and answered all questions on this recertification update. I/We certify that all answers are true to the best of My/Our knowledge and that any misrepresentations of information or false statements are punishable under Federal Law.

_____ (Signature of Head of Household)	_____ (Date)
_____ (Signature of Other Adult)	_____ (Date)
_____ (Signature of Other Adult)	_____ (Date)
_____ (Signature of Other Adult)	_____ (Date)



General Release of Information

John T. Hamilton-Executive Director

Purpose: The Housing Authority of the City of New Britain (NBHA)) may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization: I authorize the release of any information (including documentation and other materials) pertaining to my eligibility or continued eligibility for participation in, and/or the enforcement of NBHA's housing program.

Information Inquiries may be made about:

Child Care Expenses, Credit History, Criminal Activity, Family Composition, Employment, Income, Pensions, Assets, Federal, State, County, or Local Benefits, Handicapped Assistance Expenses, Identity and Marital Status, Medical Expenses, Social Security Numbers, Residences, and Rental History

Individuals or Organizations That May Release Information:

Any individual or organization including any governmental organization may be asked to release information. **Examples include:**

**Departments of Social Services
Courts, Credit Bureaus
Employers (Past and Present)**

**Banks and Other Financial Institutions
Law Enforcement Agencies
Landlords (Past and Present)**

Providers of:

Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care, Pharmacies, Pensions/Annuities, Schools and Colleges, Dept. of Labor and Employment, U.S. Social Security Administration, U.S. Postal Service, U.S. Department of Veterans Affairs, Utility Companies

Computer Matching Notice and Consent: I agree that NBHA or the Department of Housing and Urban Development (HUD) may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

Conditions:

- I agree that photocopies of this authorization may be used for the purposes stated above.
- I understand that each member of the household who is 18 years of age or older must sign the authorization.
- I understand that if I do not sign this authorization, my housing assistance may be denied or terminated.
- I understand that this authorization will expire **15 months from the date it is signed.**

Warning: Section 1001 of Title 18, United States Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Signatures

_____ Head of Household (Print)	_____ Signature	_____ Date	_____ Last 4 of SS#
_____ Co-Head/Spouse (Print)	_____ Signature	_____ Date	_____ Last 4 of SS#
_____ Other Adult (Print)	_____ Signature	_____ Date	_____ Last 4 of SS#
_____ Other Adult (Print)	_____ Signature	_____ Date	_____ Last 4 of SS #

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Housing Authority of the City of New Britain, 16 Armistice Street, New Britain, CT 06053

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.