

INTERIM RE-EXAMINATION REQUEST

This document is used to report changes in income, household composition and student status.

Head of Household must complete and sign *all forms* where required.

- ✓ Complete only the sections that pertain to the change you are reporting.
- ✓ All adult members 18 years and older must sign the Notification of Change, Personal Declaration, Authorization for the Release of Information Privacy Act Notice (HUD form 9886) and Consent forms.
- ✓ Attach documentation only for the change you are reporting. Please review the verification checklist for documents required to process your request.
Please note: Failure to submit required documentation and/or complete required forms will result in your request being denied or delayed.

VERIFICATION CHECKLIST

Adding Income/Reducing Income

- Provide two (2) current and consecutive pay stubs (bi-weekly, semi-monthly, and monthly) or four (4) current and consecutive pay stubs (weekly), or four (4) weeks of current and consecutive pay stubs (daily). All must be dated within the last 60 days.
- Provide an offer letter on company letterhead that includes rate of pay and number of hours per week
- Provide Social Security or SSI benefit award letter(s), TANF, unemployment, adoption subsidy, etc.
- Provide verification of all other income, self-employment, child support, pensions, contributions, worker's compensation, etc.

Removing Income

- Provide a separation letter on company letterhead or separation notice from Division of Employment Security
- Termination letter for benefits, i.e., Child Support, Social Security, SSI, Unemployment, TANF, etc.

Adding New Household Member(s) – Family Composition

- If adding a minor because of birth, adoption, or court-awarded custody, provide birth certificate, verification of adoption or verification of court-awarded custody
- Provide birth certificate for any new member being added
- Provide social security card for any new member being added
- Provide State issued Driver's License or Identification card for any adult being added
- Provide marriage certificate (if applicable)

Removing Household Member(s) – Family composition

- Provide verification of new address, i.e. copy of new lease, updated license/ID, utility bill at new address

Change in Student Status

- High school student (most recent report card or school schedule)
- College Student (verification of full-time student status)

NOTIFICATION OF CHANGE

Section I: Information for Head of Household

Name		
Address		
City	State	Zip
Phone	Email	

Section II: Change of Employment Income

Please complete for the household member that has a change in income.

Please indicate if the income is an increase or decrease

Income increase

Income decrease

Household Member Name		
Employer	Employer Address	
City	State	Zip
Phone	Fax	
Start Date	End Date	
Annual Pay		

Income increase

Income decrease

Household Member Name		
Employer	Employer Address	
City	State	Zip
Phone	Fax	
Start Date	End Date	
Annual Pay		

Section III: Change of Income: Other

Please complete for the household member that has a change in income.

Please indicate if the income is an increase or decrease

Income increase

Income decrease

Household Member Name	
Income Source	Effective Date
Monthly Amount	

Income increase

Income decrease

Household Member Name	
Income Source	Effective Date
Monthly Amount	

Section IV: Change in Student Status

Please complete for the household member age(s) 18 and older whose status has changed.

Household Member Name	
<input type="checkbox"/> Currently a full-time student	<input type="checkbox"/> No longer a full-time student
Educational Institution Information	
Name of School	
Address	
Phone	Fax

Section V: Removing Household Member(s)

Please complete for household member(s) that are being removed.

Household Member		
Name	Effective Date	
New Address		
City	State	Zip
Social Security Number	Date of Birth	

Section VI: Adding New Household Member(s)

Please complete for new household member(s) that are being added.

	Household Member 1	Household Member 2	Household Member 3
Last Name			
First Name			
Social Security #	____ - ____ - _____	____ - ____ - _____	____ - ____ - _____
Date of Birth	____ / ____ / _____	____ / ____ / _____	____ / ____ / _____
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Relationship to Head of Household			
Race	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section VI: Other Information

Please complete the section below to report any other changes in family circumstances and/or provide additional details regarding the change(s) that you are reporting.

I hereby certify under the penalty of perjury that the declarations I have made in this document are true and complete. I understand and acknowledge that any knowing or willful misrepresentations of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in termination of lease and/or assessment of retroactive charges.

Signature of Head of Household

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

OFFICE USE ONLY

Date Received: _____

Previous Adjusted Income: \$ _____

Previous Rent: \$ _____

New Adjusted Income: \$ _____

New Rent: \$ _____

Effective Date: _____

Retro Charge: \$ _____

Retro Credit: \$ _____

Completed by: _____ Date: _____

3. ASSETS

Please list all banking and asset information for the entire household. This includes pre-paid cards and accounts such as CashApp, Greendot, Direct Express, NetSpend, Chime, etc. This also includes any CDs, 401K, IRA, and any other bank or asset type of account.

Account Holder	Name of Bank	Account Type	Joint/Individual	Balance	
				Current	6 mo

Do you or any household members own or have an interest in any real estate, boat, and/or mobile home? _____

Have you sold any real estate in the last two years? _____

Do you own any stocks or bonds? _____

Do you own a car? Yes / No Model/Year: _____ Tag No. _____

Do you own a second car? Yes / No Model/Year: _____ Tag No. _____

1.) Does anyone outside of your household pay any of your bills or give you money? Yes / No If yes, explain below:

2.) Have you or any other adult members ever used any name(s) or SSN(s) other than the one you currently using?

Yes / No If yes, explain below:

3.) Have you or anyone in your household ever been convicted of any crime other than traffic violations? Yes / No If yes, explain below:

4.) Have you ever committed any fraud in a federally assistance housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes / No If yes, explain below:

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in my income of any member of the household as well as any changes in the household members must be reported to the New Reidsville Housing Authority in WRITING within ten (10) days.

HEAD OF HOUSEHOLD

DATE

SPOUSE/CO-HEAD

DATE

OTHER ADULT

DATE

OTHER ADULT

DATE

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

CONSENT FORM

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the New Reidsville Housing Authority any information or material needed to complete and verify my application for participation, and or to maintain my continued assistance under the Section 8, Low-Income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or 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
- Medical or Child Care Allowances
- Residences and Rental Activity
- Employment, Income and Assets
- Credit and Criminal 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 TO PROVIDE INFORMATION

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

- Previous landlords (including other Housing Authorities)
- Schools and Colleges
- Past and Present Employers
- State Unemployment Agencies
- Medical and Child Care Providers
- Retirement Services
- Credit Providers & Credit Bureaus
- Courts and Post Offices
- Department of Social Services
- Law Enforcement Agencies
- Support and Alimony Providers
- Welfare Agencies
- Social Security Administration
- Veterans Administration
- Banks and Other Financial Institutions
- Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Agency may conduct computer-matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found, and a chance to disapprove that information. HUD 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 the State Welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above.

This authorization will stay in effect for a year and one month from the date signed.

Head of Household (Signature)

Print Name

Social Security Number

Spouse/Other Adult (Signature)

Print Name

Social Security Number

Other Adult (Signature)

Print Name

Social Security Number

Street Address

City

State

Zip Code

Date

ZERO INCOME STATEMENT and MONETARY CONTRIBUTION WORKSHEET

I, _____ verify that I have NO income. I understand that I am required to report within ten (10) business days, in writing, any changes in income and household composition. Failure to report this information may result in owing NRHA back rent and/or the termination of my subsidy.

How do you pay for the following?

	Monthly Expense	How do you pay for/or explain how you receive it?	Provide the name and address of the people/agency who provide you assistance to purchase the following:
Cleaning Products (disinfectant, laundry products, etc.)	\$		
Personal care items (clothing, soap, shampoo, toilet paper deodorant, diapers, etc.)	\$		
Rent or utilities in excess of your utility allowance?	\$		
Transportation (gas, registration, license, bus pass, etc.)	\$		
Loans or credit cards (car payment, school loan, etc.)	\$		
Food/Groceries	\$		
Health Care (Insurance, Prescriptions, co-pays, etc.)	\$		
Cell Phone/Home Phone	\$		
Cable/Internet	\$		
Total Expenses	\$	X 12	\$
<p>What is the reason you have zero income (lost employment, unpaid leave etc.) Please explain:</p>			

Signature of Adult Household Member

Date

APPLICANT/TENANT CERTIFICATION

Giving True and Complete Information: I certify that all information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the personal declaration/family detail summary and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition: I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests and visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance: I certify that I have disclosed where I received any previous Federal Housing Assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No duplicate Residence or Assistance: I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal Housing Assistance while I am in the current program. I will not live anywhere else without notifying the Housing Authority of the County of Wake immediately in writing. I will not sublease my assisted residence.

Cooperation: I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances, cooperation includes attending prescheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance or eviction.

Criminal and Administrative Actions for False Information: I understand that knowingly supplying false information, incomplete or inaccurate information is punishable under Federal or State Criminal Law. (I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination tenancy).

Signature of Head of Household

Date

Signature of Other Adult

Date

Signature of Other Adult

Date