



Interim Request:

Change in Family Composition

1. Fill out attached Interim Change Request Form
2. Provide the required documentation:
 - If reporting the removal of a family member, indicate the family member you wish to remove and provide an updated lease with that member removed.
 - If reporting an addition of a family member under 18, provide birth certificate and social security card, court ordered custody, adoption papers, or Food Stamps receiving Medicaid for minor.
 - If reporting an addition of a family member over 18, *NO ADULT MAY RESIDE IN THE UNIT WITHOUT WRITTEN APPROVAL FROM THE RHA*. Provide birth certificate, social security card, current Texas Identification, and verification of income. Fill out 18 year old packet. Submit the documents and RHA will make an appointment with you.
3. Return the completed packet, forms and any additional information in person to the RHA or through AssistanceCheck.
4. Once processed, you will be notified by mail/AssistanceCheck of the outcome.

PLEASE NOTE: An interim request consists of two parts: a request for a change and required verification documents supporting the requested change.

If either part is missing, an interim request has not been made and does not constitute as notifying the RHA of the change. If requested through AssistanceCheck without both parts, the request will be Denied/Closed. If submitted to the office, it will not be received by the housing authority.

INTERIM CHANGE REQUEST FORM

HOUSING CHOICE VOUCHER PROGRAM (SECTION 8)

A valid Interim Request requires:

- A **completed** Interim Change Form or reporting on Assistance Check
- Verification documenting the change (see below)
- **Changes will not be processed without a completed form and all required verification**

This form may be downloaded from the Housing Website at www.rosenbergha.org, or obtained in person at 117 Lane Dr. Ste 18 Rosenberg, TX 77471.

HEAD OF HOUSEHOLD NAME: _____

HOUSEHOLD MEMBER INVOLVED/AFFECTED: _____

UNIT ADDRESS: _____

CURRENT PHONE #: _____

TODAY'S DATE: _____ DATE INTERIM CHANGE OCCURRED: _____

1. WHAT TYPE OF CHANGE (CHECK)? SEE SPECIFIC VERIFICATIONS AND ACTIONS NEEDED BELOW (#3)

____ INCREASE IN FAMILY SIZE ____ DECREASE IN FAMILY SIZE

____ OTHER: _____

2. EXPLAIN THE CHANGE: *(for example: "had a baby", "Child moved out"):*

3. COMPLETE ACTION REQUIRED: CLIENT RESPONSIBILITY TO PROVIDE VERIFICATIONS/REQUESTED INFORMATION

INCREASE IN FAMILY SIZE:

Adding a person to your household requires written approval from your landlord.

- INCREASE IN FAMILY SIZE: CHILDREN UNDER 18**
- Provide birth certificate & social security card OR
- Adoption papers, and/or court awarded custody papers, Food Stamps Letter receiving Medicaid

- INCREASE IN FAMILY SIZE: ANYONE 18 OR OVER** (REQUESTING TO ADD AN ADULT TO HOUSEHOLD)
- Complete as above *(for Children under 18)* and,
- Complete a New 18 Year Old Packet found at: <https://www.rosenbergha.org/resident-forms-documents/>
- No adult may reside in the unit without the written approvals of the unit owner and RHA to be added to the household.
- The RHA will contact you to make appointments necessary complete this process.



DECREASE IN FAMILY SIZE:

PLEASE ANSWER QUESTIONS BELOW. WE WILL NEED VERIFICATION THAT THE INDIVIDUAL IS RESIDING ELSEWHERE

- **Who** left? _____
- **When** did they stop living in your assisted unit? _____
- **Where** did they go? Provide New Address: _____

4. CERTIFICATION:

By signing this form, I certify under penalty of perjury that **ALL** of the information contained in this document and any other documents submitted in support of it are true and correct. I understand and acknowledge that making false statements on this document or any other document to obtain rental assistance benefits is a **FELONY** under Title 18, Section 1001 of the United States Code and Maryland state law. Punishment may include incarceration and severe monetary fines.

WARNING: Making false statements on this form or any other document used to obtain rental assistance benefits may result in removal from the program and CRIMINAL PROSECUTION.

SIGNATURE OF PARTICIPANT

XXX - XX -

SOCIAL SECURITY #

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully, sign and date. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

Declaration of U.S. Citizenship or Non-citizens With Eligible Immigration Section 214 Status

I, _____ certify, under penalty of
(Print or Type first name, middle initial, last name)
perjury, that, to the best of my knowledge, I am lawfully within the United States because
(Please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of age (only person assisted as of 6-19-95 can qualify in this category);
or
- I have eligible immigration status as checked below (see attachment for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under §1001 (a) (15) or 101 (a) (20) of the INA or
 - Permanent residence under §249 of INA or
 - Refugee, asylum, or conditional entry status under §§207,208 or 203 of the INA or
 - Parole status under §§212 (d) (5) of the INA or
 - Threat to life or freedom under Section 243 (h) of the INA or
 - Amnesty under §245 of the INA.

Signature of Family Member

Date

- Check here if signing on behalf of a family member under age 18. **DO NOT SIGN CHILD'S NAME.**

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

PHA: Enter INS/SAVE Primary Verification #: _____

Date: _____

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):

Rosenberg Housing Authority
117 Lane Dr. Ste. 18
Rosenberg, TX 77471

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 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.