

## CHANGE OF INCOME PACKET

Please complete the enclosed packet so we may process your Change of Income (COI) request.

**Failure to complete packet or submit supporting documentation could result in denial and/or delay of the COI request.**

**IMPORTANT!** Effective January 1, 2017, you no longer need to report increases in your family's income to SAHA except at the time of recertification. ***If you are a participant in the Homeownership Program, Family Self-Sufficiency Program or at Zero-Income***, you are still required to report increases within ten (10) business days. Please provide all information needed that applies to your type of change.

### When submitting a Change of Income, you **MUST** include the following:

- Change of Income Request form (attached)
- Authorization for Release of Information Form – HUD-9886 (attached)
- Proof of any change in household income since last reported to SAHA;
  - Four (4) current and consecutive paycheck stubs (if change is due to increased or decreased employment income); or
  - A letter from the employer indicating amount, frequency of pay and date of hire

If any of the above documents are not provided, processing of the change of income will be delayed.

### You may also have to include one or more of the following, if applicable:

- Letter on company letterhead indicating date of separation (if you are no longer employed)
- Unemployment benefits award letter
- Veterans Affairs award letter
- TANF award letter
- Worker's Compensation benefit statement
- SS/SSI award letter – must provide the actual award letter sent by the Social Security Administration
- Pension statement
- Child support court order, a 12-month child support print out or a notarized letter indicating child support amount
- Statement of income (you may use attached form)
  - Direct child support statement (must be signed by contributor and notarized)
  - General contributions statement (must be signed by contributor and notarized)

### Completed Change of Income forms must be submitted using one of the following methods:

- FAX (210) 477-6206
- Email [HCVchanges@saha.org](mailto:HCVchanges@saha.org)
- Hand deliver to 820 S. Flores St., San Antonio, TX 78204
- Mail to the following address:

**San Antonio Housing Authority**  
Attn: Assisted Housing Programs, COI  
820 S. Flores St.  
San Antonio, TX 78204





818 South Flores Street | San Antonio, Texas 78204 | 210-477-6262 | www.saha.org

### CHANGE OF INCOME REQUEST

**IMPORTANT!** Effective January 1, 2017, you no longer need to report increases in your family's income to SAHA except at the time of recertification. ***If you are a participant in the Homeownership Program, Family Self-Sufficiency Program or at Zero-Income,*** you are still required to report increases within ten (10) business days. Please provide all information needed that applies to your type of change.

Head of Household Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_  
 Family Member Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Are you enrolled in the Family Self-Sufficiency (FSS) Program?  Yes  No

**Change in Current Employment Income (Please check all that apply):**

- Increase in Wages       Increase in Hours       New Employment  
 Decrease in Wages       Decrease in Hours       No Longer Employed

Employer Name: \_\_\_\_\_ Start Date of New Employment: \_\_\_\_\_  
 Employer Phone: \_\_\_\_\_ Employer Fax: \_\_\_\_\_ Name of Position: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Rate of Pay: \_\_\_\_\_ Work hours/wk: \_\_\_\_\_ Overtime hours/wk: \_\_\_\_\_ Bonus/Tips/Commission: \_\_\_\_\_

Additional Change	Increase / Decrease		New Income Amount:
<input type="checkbox"/> Child Support	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> TANF	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> Pension	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> SS or SSI	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> Contributions	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	\$ _____

- a) Child Support – Attach a copy of the court order or a notarized letter for direct child support
- b) TANF / Unemployment Benefits / SS/SSI – Attach a copy of current award letter
- c) Pension – Attach a copy of current pension statement

**By signing below, I certify that the information provided to San Antonio Housing Authority is true and correct. I understand that giving false information may jeopardize my eligibility to receive future housing assistance. I understand that by signing this document I authorize San Antonio Housing Authority (SAHA) to:**

- **Verify all reported information**, which includes comparing all reported information with information retrieved through independent sources. These verifications may include, but are not limited to, the following: Social Security and Supplemental Security Income, state wage information, collection agencies, current and former employers, Temporary Assistance for Needy Families (TANF), child support benefits, child care, financial institutions, veteran's benefits, worker's compensation, domestic employment, full-time student status and pension.

Applicant / Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



The following person has been designated to coordinate compliance with the nondiscrimination requirement contained in HUD's regulations implementing Section 504: Benjamin Lugg, 818 South Flores, San Antonio, Texas 78204.



**STATEMENT FORM**

Name (*please print*): \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Last 4 of SSN (if program applicant/participant): \_\_\_\_\_

Email: \_\_\_\_\_

Unit Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Statement (please print):**

\_\_\_\_\_  
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\_\_\_\_\_

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

**By signing below, I am certifying under penalty of perjury that the information above is true and correct.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



The following person has been designated to coordinate compliance with the nondiscrimination requirement contained in HUD's regulations implementing Section 504: Benjamin Lugg, 818 South Flores, San Antonio, Texas 78204.

# 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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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.



**Verification of Child Support Income /  
Verificación de Ingresos de Manutención de Niños**

Date / Fecha: \_\_\_\_\_ Recipient / Beneficiario: \_\_\_\_\_

Name and Address of Requesting Authority /  
Nombre y dirección de Autoridad Solicitante: \_\_\_\_\_ SSN: / Número de  
Seguro Social: \_\_\_\_\_

San Antonio Housing Authority, Assisted Housing Programs Payor / Pagador : \_\_\_\_\_

820 S. Flores, San Antonio, TX 78204

Requesting Authority Agent Name /  
Nombre de Agente de Autoridad Solicitante: \_\_\_\_\_ Name of Child(ren) / Nombre de Niño(s) : \_\_\_\_\_

Telephone and fax number /  
Número de teléfono y fax: \_\_\_\_\_

P: (210) 477- / F: (210) 477-

I hereby authorize the release of all child support income information requested on this verification form to the above named requesting authority.  
Por la presente autorizo la revelación de toda la información sobre los ingresos de manutención de niños, solicitada en este formulario de verificación, a la autoridad solicitante nombrada arriba.

\_\_\_\_\_  
Applicant's Signature / Firma del Solicitante

\_\_\_\_\_  
Date / Fecha

**WARNING: Section 1001 of Title 18 of the U. S. code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its jurisdiction. Texas Government Code § 559 gives you the right to review and request correction of information on this form.**

**AVISO: La Sección 1001 del Título 18 del código de los Estados Unidos establece como un delito penal el hacer declaraciones falsas o distorsiones intencionales a cualquier departamento o agencia de los Estados Unidos con respecto a asuntos dentro de su jurisdicción. El Código Gubernamental de Texas § 559 le proporciona a usted el derecho de revisar y solicitar la corrección de información en este formulario.**

**Verification of Child Support Income /  
Verificación de Ingresos de Manutención de Niños**

**Official OAG use only / Uso oficial de la Procuraduría General solamente**

- IV-D Services are not being provided.  
No se están proporcionando Servicios IV-D.
  
- The agency is not aware of a child support order.  
La agencia desconoce de una orden de manutención de niños.
  
- The amount of court ordered child support is \$ \_\_\_\_ per \_\_\_\_ (week, month, etc.)  
La cantidad de manutención de niños ordenada por la corte es de \_\_\_\_ dólares por \_\_\_\_ (semana, mes, etcétera)
  
- Last payment of \$ \_\_\_\_ was received \_\_\_\_ (date).  
El último pago de \_\_\_\_ dólares fue recibido el \_\_\_\_ (fecha, mes/día/año).
  
- Child support is not paid on a regular basis.  
La manutención de niños no se paga con regularidad.

\_\_\_\_\_  
Signature - Title / Firma - Título

\_\_\_\_\_  
Date / Fecha

Comments / Comentarios: