



Change of Income Process

Please complete the enclosed packet so we may process your change of income request. 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)
- Release of information forms – HUD-9886 and SAHA Non-Employment Authorization (attached)
- Proof of any change in household income since last reported to SAHA, including employer's contact information and recent paycheck stubs (if change is due to increased or decreased employment income)
- Letter on company letterhead indicating date of separation (if you are no longer employed)

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

- Unemployment benefits documentation
- 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)

If the application or authorization for release of information is not signed, the processing of the change in income will be delayed. Please keep in mind that it is your responsibility to report any and all changes in the income of your household within ten days of the change.

Completed forms must to be mailed to:

**SAHA
Attn: Assisted Housing Programs, COI
PO Box 29
San Antonio, TX 78291**

Any individual with a disability or other medical need who requires accommodation with respect to this correspondence should contact the San Antonio Housing Authority at (210) 477-6205.

Rev. 05/08



Proceso para el Cambio en las Entradas

Por favor llene el paquete adjunto para que podamos procesar su solicitud para cambiar sus entradas. Por favor proporcione toda la información necesaria que aplica a su tipo de cambio.

Cuando envíe el cambio en las entradas, DEBE incluir lo siguiente.

- Formulario de Solicitud para Cambiar las Entradas (adjunto)
- Formularios para autorización de Divulgación de Información – HUD-9886 y Autorización de SAHA para No Trabajar (adjuntos).
- Prueba de todos los cambios en las entradas del hogar, desde la última vez que la reportó a SAHA, incluyendo la información de contacto del empleador y los comprobantes de pago recientes (si el cambio se debe al aumento o disminución de la entrada por concepto de empleo/salario).
- Carta membretada de la compañía indicando la fecha de separación (si no está trabajando más).

También podría tener que incluir uno o más de los siguientes elementos, si aplica.

- Documentación del Seguro de Desempleo
- Declaración de Entrada (puede usar el formulario adjunto).
 - Declaración Directa de Sostenimiento de Menores (debe estar firmada por la persona responsable).
 - Declaración General de Aportes (debe estar firmada por la persona responsable y notariada).

Si la solicitud o la autorización para divulgar la información no están firmadas, el proceso del cambio en las entradas se retrasará. Por favor tenga en cuenta que es su responsabilidad reportar todos los cambios en las entradas de su hogar dentro de los 10 días posteriores al cambio.

Todos los individuos con alguna incapacidad u otra necesidad médica que requieran algún acuerdo con respecto a esta correspondencia, deberán contactar a la Autoridad de Vivienda de San Antonio.



Change of Income Request

RE:

Head of household Name _____ Last 4 HOH SSN _____

Family Member Name _____ Family Member SSN _____

Street Address _____

Phone _____

Type of Change in Income
<input type="checkbox"/> Loss of income <input type="checkbox"/> Additional Income <input type="checkbox"/> Other _____

Employment Income Information
<p>If you have experienced a change in employment income, indicate the change below.</p> <p>Employer Name _____ Employer Phone: _____</p> <p>Employer Full Address: _____</p> <p>Rate of Pay: \$ _____ [] Annually [] Monthly [] Semi-Monthly [] Bi-weekly [] Weekly [] Hourly</p> <p>Average hours worked per week: _____ Average overtime hours worked per week: _____</p> <p>Start Date: _____ Termination Date: (N/A if presently employed) _____</p>

Other Income Information																				
<p>Indicate the change in any other type of income (Child support, TANF, Contributions, Unemployment Benefits, Pension, etc.)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Source</th> <th style="text-align: center; border-bottom: 1px solid black;">Effective Date</th> <th style="text-align: center; border-bottom: 1px solid black;">End Date</th> <th style="text-align: center; border-bottom: 1px solid black;">Previous Amount</th> <th style="text-align: center; border-bottom: 1px solid black;">Current Amount</th> </tr> </thead> <tbody> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> </tr> </tbody> </table>	Source	Effective Date	End Date	Previous Amount	Current Amount	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____																
_____	_____	_____	_____	_____																
_____	_____	_____	_____	_____																

By signing below, I certify that the information provided to the San Antonio Housing Authority is true and correct. I understand that giving false information may jeopardize my eligibility to receive future housing assistance.

Signature: _____ Date: _____

Any individual with a disability or other medical need who requires accommodation with respect to this form should contact the San Antonio Housing Authority.



Solicitud para Cambiar la Entrada

RE:

Nombre de la Cabeza de Familia _____ No. Seguro Social _____

Nombre del Miembro de Familia _____ No. Seguro Social _____

Dirección _____

Teléfono _____

Tipo de Cambio en la Entrada

Pérdida en la Entrada

Entrada Adicional

Otro _____

Entradas por Concepto de Empleo/Salarios

Si usted ha experimentado algún cambio en el valor de su salario, indique el cambio a continuación.

Nombre del Empleador: _____ Teléfono del Empleador: _____

Dirección Completa del Empleador: _____

Nivel de Pago: \$ _____ [] Anual [] Mensual [] Dos veces a la semana [] Quincenal
[] Semanal [] Por horas

Promedio de horas trabajadas por semana: _____ Promedio de horas extras trabajadas por semana: _____

Fecha de Iniciación: _____ Fecha de Separación: (N/A si está trabajando actualmente) _____

Otra Información de Entradas

Indique el cambio en otros tipos de ingreso (Sostenimiento de Menores, TANF-Asistencia Temporal para Familias Necesitadas, Aportes, Subsidio de Desempleo, Pensión, etc.)

Fuente	Fecha Iniciación	Fecha de Terminación	Cantidad Anterior	Cantidad Actual
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Al firmar abajo, declaro que la información provista a la Autoridad de Vivienda de San Antonio es fiel y precisa. Comprendo que al dar información falsa o inexacta puedo poner en peligro mi elegibilidad para recibir asistencia de vivienda en el futuro.

Firma: _____ Fecha: _____

Todos los individuos con alguna incapacidad u otra necesidad médica que requieran algún acuerdo con respecto a este formulario, deberán contactar a la Autoridad de Vivienda de San Antonio en el Tel. (210) 477-6205.



Authorization for Release of Information (Non-Employment)

RE:	
_____	_____
Head of Household	HOH SSN Last 4

Street Address	

SAHA Representative	

To process your Change of Income request, we must verify the change. By signing this form, you are authorizing the San Antonio Housing Authority to obtain verification of the change you reported regarding any of the following.

- **Temporary Assistance for Needy Families (TANF)**
- **Child Support**
- **Veteran’s Benefits**
- **Workman’s Compensation**
- **Domestic Employment**
- **Full Time Student Status**
- **Pension**

Note: This authorization is in addition to HUD Form 9886, which you sign each year at recertification and is valid for 15 months. HUD Form 9886 is applicable to salary and wages from current or previous employers; wage and unemployment compensation; Social Security wage, employment, and retirement information; and unearned income (interest and dividends) reported by financial institutions.

This from can be sent to any applicable third-party source regarding the information specified above to verify the change you report. This information will only be used to determine that your housing assistance benefits are set at the correct level.

Applicant/Participant Release (MUST be signed by all household members, age 18 and over)

I hereby authorize the release of information pertaining to the above listed benefits or sources of income to the San Antonio Housing Authority (SAHA).

Head of Household Signature: _____ **Date:** _____

Household Member Signature: _____ **Date:** _____

Household Member Signature: _____ **Date:** _____

Household Member Signature: _____ **Date:** _____

Any individual with a disability or other medical need who requires accommodation with respect to this form should contact the San Antonio Housing Authority at (210) 477-6205.



Autorización para Divulgar Información **(No Laboral)**

RE:	
Nombre del Participante	Últimos 4 dígitos del Seguro Social de la Cabeza de Familia
Dirección	
Representante de SAHA	

Para procesar su solicitud de Cambio de Entrada, debemos verificar dicho cambio. Al firmar este formulario, usted está autorizando a la Autoridad de Vivienda de San Antonio para obtener la verificación del cambio que usted reportó con respecto a cualquiera de los siguientes puntos.

- **Asistencia Temporal para Familias Necesitadas (TANF)**
- **Sostenimiento de Menores**
- **Beneficios para Veteranos**
- **Compensación Laboral**
- **Empleo Doméstico**
- **Estado como Estudiante de Tiempo Completo**
- **Pensión**

Nota: Esta autorización es adicional al Formulario (HUD) 9886, la cual firma cada año en rectificación y que es válida por 15 meses. El Formulario HUD 9886 aplica al salario y los sueldos de los empleadores anteriores o actuales; la compensación de salarios y de desempleo; las entradas por concepto de Seguridad Social de desempleo, la información de jubilación y el ingreso no salarial (intereses y dividendos) reportado por instituciones financieras.

Este formulario solamente se le puede enviar a alguna tercera parte que aplique, con respecto a la información especificada arriba, para verificar el cambio que usted reporta. Esta información no será usada para determinar si sus benéficos de asistencia están fijados al nivel correcto.

Divulgación de la Información del Solicitante o Participante (DEBE estar firmada por todos los miembros de familia de 18 años o mayores).

Por medio de la presente autorizo la divulgación a la Autoridad Vivienda de San Antonio (SAHA), de la información con respecto a los beneficios listados anteriormente o a las fuentes de entrada familiares.

Firma de la Cabeza de Familia: _____ **Fecha:** _____

Firma de Miembro del Hogar: _____ **Fecha:** _____

Firma de Miembro del Hogar: _____ **Fecha:** _____

Firma de Miembro del Hogar: _____ **Fecha:** _____

Todos los individuos con alguna incapacidad u otra necesidad médica que requieran algún acuerdo con respecto a este formulario, deberán contactar al la Autoridad de Vivienda de San Antonio al (210) 477-6205

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

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.

