



Change of Income Process

Please complete the enclosed packet so we may process your change of income request. As a reminder, it is the family's responsibility to report any and all changes in household income within ten business days of the change. 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 2-4 paycheck stubs (if change is due to increased or decreased employment income), or a letter from the employer indicating the amount and frequency of pay.
- Letter on company letterhead indicating date of separation (if you are no longer employed)

If the application or authorization for release of information is not signed, the processing of the change in income will be delayed.

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

- Unemployment benefits award letter
- Veteran's Affairs (VA) 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)
- Expenses such as childcare, or medical expenses should include related documents, receipts, and a payment history print out for the past year. Childcare expenses should include the name and address of the daycare.

Completed change of income forms must be submitted using one of the following methods:

- FAX (210) 477-6215
- E-mail HCVchanges@saha.org
- Hand delivered to 820 S. Flores St., San Antonio, TX 78204
- Mail in attention to Changes, at:

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

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

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.

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.



Change of Income Request

Head of Household Name: _____ Last 4 of HOH SSN: _____

Family Member Name: _____ Last 4 SSN: _____

Street Address: _____ Phone: _____

Email: _____ Are you enrolled in the Family Self Sufficiency (FSS) Program? Yes or No

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

Increase in Wages Increase in Hours New Employment Start Date of New Employment: _____

Employer Name: _____

Employer Phone: _____ Employer Fax: _____ Name of Position: _____

Employer Address: _____ City _____ State _____ Zip Code: _____

Rate of Pay: _____ Hours work per week: _____ Overtime Hours per Week: _____ Bonus/Tips/Commission: \$ _____

Loss of Employment Income:

Decrease in Wages Decrease in Hours No Longer Employed Last Date of Employment: _____

Employer Name: _____

Employer Phone: _____ Employer Fax: _____ Name of Position: _____

Employer Address: _____ City _____ State _____ Zip Code: _____

Rate of Pay: _____ Hours work per week: _____ Overtime Hours per Week: _____ Bonus/Tips/Commission: \$ _____

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

- a) Child Support- Attach a copy of the court order, or a notarized letter of child support
- b) TANF, Unemployment Benefits, & SS/SSI- Attach a copy of award letter
- c) Pension – Attach a copy of pension statement
- d) Expenses such as childcare, or medical expenses should include related documents and receipts.

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.

Applicant/Participant Signature: _____ Date: _____

Any individual with a disability or other medical need who requires accommodation in respect to this correspondence should contact the San Antonio Housing Authority at (210) 477-6205.
Esta nota es muy importante. Si usted no comprende esta nota porque es escrito en inglés, por favor llame al (210) 477-6039 inmediatamente para asistencia.



**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 form 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.

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(1)(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	Other Family Member over age 18	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.



820 S. FLORES ST. SAN ANTONIO, TEXAS 78204 210 477-6262 www.saha.org

STATEMENT

Name: _____

Address: _____

Social Security Number: _____ Phone Number: _____

Statement (PLEASE PRINT):

Multiple horizontal lines for writing the statement.

By signing below, I am certifying that the information above is true and correct. I also acknowledge that it is my responsibility to report any and all changes in the income and/or family composition of my household within ten days of the change in writing.

Signature _____ Date _____

In the presence of (Signature) _____

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.