

## Change Of Family Composition Packet | Add A Member Instructions

In an effort to ensure you and your household are served in a timely manner, we request that you completely fill out and sign every document in the enclosed packet within **10 business days**.

**Warning:** Failure to report a change of income or family composition within 10 business days could result in termination of your housing assistance.

To add a member to your household, you must **enclose copies** of the following for all persons being added:

- a. Social Security Card
- b. State-issued Birth Certificate
- c. Valid Picture ID for persons 18 or older
- d. Marriage Certificate (if applicable)
- e. Managing Conservatorship for non-biological children (Legal Custody)
- f. Proof of all household income, including employer's name and address
- g. TANF, Social Security/SSI and Child Support printouts
- h. Child Care Provider verification (for each child under age 13)
- i. Employment verification on company letterhead or 4-6 paycheck stubs

**The following forms should be completed by persons 18 and over being added to the household, unless otherwise stated:**

- a. Add a New Household Member Form (**must be completed by Head of Household and signed by Head of Household and individual being added**)
- b. Statement (stating change you are requesting) (**must be completed by Head of Household**)
- c. Authorization for Release of Information Privacy Act Notice (**must be completed by Head of Household**)
- d. Citizenship (Declaration of Section 214 Status)
- e. Debts Owed to Public Housing Agencies and Terminations

**Failure To Submit The Required Documentation May Delay Your Request To Add A Member To Your Household.**



A COMMUNITY OF POSSIBILITIES

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## Change Of Household Composition | Add A Member

All participants must report any changes in household composition or income, in writing, within **10 business days** of the change. You may not permit a new member to reside in the household until you complete the following steps: **(1)** complete this packet, **(2)** complete and submit this packet to your property office, and **(3)** obtain approval from Opportunity Home San Antonio property management.

### Head Of Household Information

Date

Last 4 of SSN

Head of Household Name

Email

Home Phone

Cell Phone

Address

City

State

Zip Code

### Family Member Being Added to the Unit

Name

DOB

Relationship

Last 4 of SSN

Home Phone

Cell Phone

Email

Move Out Date

New Address (if unknown, N/A)

City

State

Zip Code

### Race

White  Black  Asian  American Indian/Alaska Native  Native Hawaiian/ Pacific Islander

### Ethnicity

Hispanic  Non-Hispanic

### Highest Level of Education Completed

- Prefer Not To Answer   
  No School   
  1<sup>st</sup> Grade   
  2<sup>nd</sup> Grade   
  3<sup>rd</sup> Grade  
 4<sup>th</sup> Grade   
  5<sup>th</sup> Grade   
  6<sup>th</sup> Grade   
  7<sup>th</sup> Grade   
  8<sup>th</sup> Grade   
  9<sup>th</sup> Grade  
 10<sup>th</sup> Grade   
  11<sup>th</sup> Grade   
  12<sup>th</sup> Grade   
  \_\_\_\_ yrs College/Technical

### Employer Information

Name

Monthly Income

Address

City

State

Zip Code

Other Source of Income

Amount

Per

Is the New Member a state-registered lifetime sex offender?     Yes     No

I hereby certify that all the information on this application is true and complete; I understand that giving false or inaccurate information may jeopardize my eligibility to receive future assistance. By signing this document I authorize the Opportunity Home 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.
- Obtain all of my criminal history records, if any, from any law enforcement agency. I understand that such records will include arrests and convictions for misdemeanors and felonies, if any, as well as any probation or parole information. This may include screening my records for state lifetime sex offender registrations, if any, using the Dru Sjodin National Sex Offender Database and/or other official federal, state, and local resources.
- Obtain all of my credit history records, if any, from any credit reporting agency, and to obtain a copy of my credit report.

Head of Household Signature

Date

Adult Member Being Added

Date

### For Office Use Only: Verification

Date:

Staff Name:

## Statement Form

<b>Name (please print)</b>		<b>Date</b>
<b>Telephone</b>	<b>Last 4 of SSN (if program applicant/participant)</b>	
<b>Email</b>		
<b>Unit Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>

**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.**

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**Signature** **Date**

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The following person has been designated to coordinate compliance with the nondiscrimination requirement contained in HUD's regulations implementing Section 504: **Michelle Finch**, 818 S. Flores, San Antonio, Texas 78204.  
[homesa.org](http://homesa.org) | 210.477.6000

## Formulario De Declaración

Nombre (favor de imprimir)		Fecha
Ultimos 4 numeros de la seguridad social (solicitante / participante del programa)		
Correo Electrónico		Teléfono
Dirección de la Unidad		
Ciudad	Estado	Cód. Postal

### Declaración (Favor De Imprimir):

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**Advertencia:** 18 U.S.C. 1001 establece, entre otras cosas, que quien con conocimiento e intencionalmente haga o use un documento por escrito que contenga declaraciones o entradas falsas, ficticias o fraudulentas en cualquier asunto dentro de la jurisdicción de un departamento o una agencia de los Estados Unidos no será multado más que \$10,000 o encarcelados por no más de cinco años o ambos.

**Al firmar más abajo, certifico que la información arriba mencionada es verídica y correcta.**

Firma	Fecha
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# 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. 07/31/2021

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(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 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.



## Declaration Of Section 214 Status

**Notice: 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 and sign.**

**If an adult is signing for a child under the age of 18, be sure to check the box next to the family member signature. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.**

I, \_\_\_\_\_, certify under penalty of perjury (1) to the best of my knowledge, that I am lawfully within the United States because (please check the appropriate option below):

- I am a citizen, 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 proof of age two (2); or
- I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - Immigration status under §§101(a) (15) or 101(a) (120) of the INA (3 /); or
  - Permanent residence under §249 of INA ( 4 /); or
  - Refugee asylum, or conditional entry status under §§207,208 or 203 of the INA (5 /); or
  - Parole status under §§212(d) (5) of the INA ( 6 /); or
  - Threat to life or freedom under §243(h) of the INA (7 /); or
  - Amnesty under §245A of the INA ( 8 /).

Check box if adult signed for minor.

\_\_\_\_\_  
**Signature of Family Member**

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

### Privacy Act:

The information on this form is being collected by Opportunity Home San Antonio to determine the applicant's or tenant's eligibility for housing assistance. Opportunity Home may release this information, without responsibility for the further use or transmission of the evidence by the entity receiving it to (1) the Department of Housing and Urban Development (HUD) as required by HUD; an (2) to the Immigration and Naturalization Service (INS) for purposes of verification of the immigration status transmission of the evidence or other information by the INS.

### Penalties for Misusing this Consent:

HUD, Opportunity Home and any owner (or any employee of HUD, Opportunity Home, 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 on the consent form is restricted to the purposes cited on the form. 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, Opportunity Home or the owner responsible for the unauthorized disclosure or improper use. (Continued on next page).

**1. Warning:** 18 U.S.C 1001 provides, among other things, that whoever knowingly and willfully or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the 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.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2. Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3. Immigrant status under 101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.
- 4. Permanent residence under 249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].
- 5. Refugee, asylum, or conditional entry status under 207 208, or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158)[asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].
- 6. Parole status under 212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C 1182(d)(5) [parole status].
- 7. Threat to life or freedom under 243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].
- 8. Amnesty under 245 of INA.** A noncitizen lawfully admitted for temporary or permanent residence under 245 of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

Instructions to Housing Authority: Following verification of status claimed by persons claiming eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), Opportunity Home must enter INS/SAVE Verification Number and date that it was obtained. A Opportunity Home signature is not required.



## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family’s suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD’s initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA’s name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD’s record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD’s EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p><b>This Notice was provided by the below-listed PHA:</b></p>	<p><b>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice</i>:</b></p>				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>Signature</b></td> <td style="width: 40%; border: none;"><b>Date</b></td> </tr> <tr> <td colspan="2" style="border: none;"><b>Printed Name</b></td> </tr> </table>	<b>Signature</b>	<b>Date</b>	<b>Printed Name</b>	
<b>Signature</b>	<b>Date</b>				
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