

Paquete De Cambio De Ingresos

Por favor complete el paquete adjunto para que podamos procesar su solicitud de Cambio de Ingresos (COI).

No completar el paquete o enviar la documentación de respaldo podría resultar en la denegación y / o demora de la solicitud de COI.

¡Importante! A partir del 1 de enero de 2017, ya no es necesario que informe los aumentos en los ingresos de su familia a Opportunity Home, excepto en el momento de la recertificación. Si participa en el Programa de propiedad de vivienda, en el Programa de autosuficiencia familiar o en el Programa de ingresos cero, aún debe informar los aumentos dentro de los diez días hábiles. Proporcione toda la información necesaria que se aplique a su tipo de cambio.

Al enviar un cambio de ingresos, DEBE incluir lo siguiente:

- ☐ Formulario de solicitud de cambio de ingresos (adjunto)
- ☐ Formulario de autorización para divulgar información - HUD-9886 (adjunto)
- ☐ Prueba de cualquier cambio en los ingresos familiares desde la última vez que se informó a Opportunity Home;
 - Cuatro talones de cheques de pago actuales y consecutivos (si el cambio se debe a un aumento o disminución de los ingresos laborales); o
 - Una carta del empleador que indique el monto, la frecuencia del pago y la fecha de contratación / cambio de horario / despido.

Su solicitud de cambio de ingresos se procederá lo antes posible. Si no se proporciona alguno de los documentos anteriores, aún deberá enviar la documentación cuando esté disponible.

Es posible que también deba incluir uno o más de los siguientes, si corresponde:

- Carta con membrete de la empresa que indique la fecha de separación (si ya no está empleado)
- Carta de concesión de beneficios de desempleo
- Carta de concesión de Asuntos de Veteranos
- Carta de concesión de TANF
- Declaración de beneficios de compensación del trabajador
- SS / SSI Carta de adjudicación: debe proporcionar la carta de adjudicación real enviada por la Administración del Seguro Social
- Declaración de pensión
- Orden judicial de manutención de menores, una copia impresa de la manutención de menores de 12 meses o una carta notariada que indique la cantidad de manutención de menores
- Declaración de ingresos (puede usar el formulario (adjunto))
 - o Hijo directo Declaración de apoyo (debe estar firmada por el contribuyente y notariada)
 - o Declaración de contribuciones generales (debe estar firmada por el contribuyente y notariada)

Los formularios de cambio de ingresos completos deben enviarse utilizando uno de los siguientes métodos:

- Fax: (210) 477-6206
- Correo electrónico: HCVchanges@homesa.org
- Envíe por correo a la siguiente dirección:

Opportunity Home San Antonio
ATTN: Assisted Housing Programs, COI
818 S. Flores St.
San Antonio, TX 78204

This page intentionally left blank.

Solicitud De Cambio De Ingreso

Si participa en el Programa de Propiedad de Vivienda, el Programa de Autosuficiencia Familiar o ha informado que no tiene ingresos, debe informar los aumentos en sus ingresos dentro de los 10 días hábiles. No es necesario informar todos los demás aumentos a Opportunity Home San Antonio. Proporcione toda la información necesaria que se aplique a su tipo de cambio.

Nombre Del Jefe De Familia		Últimos 4 SSN
Nombre Del Miembro De La Familia		Últimos 4 SSN
Correo Electrónico		Teléfono
Dirección		
Ciudad	Estado	Código Postal
¿Está inscrito en el Programa de Autosuficiencia Familiar (FSS)? ☐ Sí ☐ No En caso afirmativo, ¿quién es su gerente de FSS? _____		

Cambio en el ingreso laboral actual (marque todo lo que corresponda):

- ☐ Aumento de salarios ☐ Aumento de horas ☐ Nuevo empleo
☐ Disminución de salarios ☐ Disminución de horas ☐ Ya no está empleado

Información Del Empleador			
Nombre		Teléfono	
Dirección			
Ciudad	Estado	Código Postal	
Detalles De La Posición			
Nombre Del Puesto		Fecha De Inicio	
Tarifa De Pago		Horas De Trabajo / Semana	
Bono / Propinas / Comisión		Horas Extra De Trabajo / Semana	
Cambio Adicional	Aumento	Disminución	Nuevo Monto De Ingresos:
☐ Manutención de menores ☐ TANF ☐ Beneficios por desempleo ☐ SS o SSI ☐ Pension ☐ Contribuciones ☐ Otro:	☐ Aumento ☐ Aumento ☐ Aumento ☐ Aumento ☐ Aumento ☐ Aumento	☐ Disminución ☐ Disminución ☐ Disminución ☐ Disminución ☐ Disminución ☐ Disminución	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

*Manutención de menores: adjunte copia de la orden judicial o carta notariada para la manutención directa de menores

*TANF—Adjunte copia de la carta de concesión actual

*Beneficios de desempleo: adjunte copia de la carta de concesión actual

*SS o SSI: adjunte copia de la carta de adjudicación actual

*Pensión—Adjunte copia del estado de cuenta de pensión actual

Por Firmando a continuación, certifico que la información proporcionada a la Opportunity Home San Antonio es verdadera y correcta. Entiendo que dar información falsa puede poner en peligro mi elegibilidad para recibir asistencia de vivienda en el futuro. Entiendo que al firmar este documento autorizo a la Opportunity Home San Antonio a:

- **Verificar toda la información reportada**, lo que incluye comparar toda la información reportada con la información recuperada a través de fuentes independientes. Estas verificaciones pueden incluir, entre otras, las siguientes: Seguro Social y Seguridad de Ingreso Suplementario, información sobre salarios estatales, agencias de cobranza, empleadores actuales y anteriores, Asistencia Temporal para Familias Necesitadas (TANF), beneficios de manutención de niños, cuidado de niños, instituciones, beneficios para veteranos, compensación laboral, empleo doméstico, condición de estudiante a tiempo completo y pensión.

Firma Del Solicitante / Participante

Fecha



OPPORTUNITYTM
HOME | SAN ANTONIO

Formulario De Declaración

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

Declaración (Favor De Imprimir):

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



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):

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.