

Change Of Income Packet

Please complete the enclosed packet so we may process your Change of Income (COI) request.
Failure to complete the packet or submit necessary supporting documentation could result in denial and/or delay of the request.

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 Opportunity Home;
 - ☐ Four 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 / change in hours / layoff

Your change of income request will be processed as soon as possible. If any of the above documents are not provided, you will still need to submit documentation when it becomes available.

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. Email (PHChanges@homesa.org) is preferred as it is the fastest method for sending and receiving documents. Fax numbers are available online at www.homesa.org or posted outside all Public Housing properties.

Email: PHChanges@homesa.org

Fax:

Mail to:

**ATTN: Public Housing
818 S. Flores St.
San Antonio, TX 78204**

If you are a participant in the Family Self Sufficiency (FSS) Program, please also notify FSS staff of your income change through one of the following methods:

Phone: (210) 477-6026

Fax: (210) 477-6241

Email: FSS@homesa.org



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Change Of Income Request

Head of Household		Last 4 of SSN	
Family Member Name		Last 4 of SSN	
Phone Number			
Email			
Address			
City	State	Zip Code	
Are you enrolled in the Family Self-Sufficiency (FSS) Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, who is your FSS Manager?: _____			
Increase in Current Employment Income (Please check all that apply)			
<input type="checkbox"/> Increase in Wages <input type="checkbox"/> Increase in Hours <input type="checkbox"/> New Employment			
Employer Information			
Name		Phone	
Address			
City	State	Zip Code	
Position Details			
Name of Position		Start Date	
Rate of Pay		Work Hours/wk	
Bonus/Tips/Commission		Overtime Hours/wk	
Loss of Employment Income (Please check all that apply):			
<input type="checkbox"/> Decrease in Wages <input type="checkbox"/> Decrease in Hours <input type="checkbox"/> No Longer Employed			
Employer Information			
Name		Phone	
Address			
City	State	Zip Code	
Position Details			
Name of Position		Last Date of Employment	
Rate of Pay		Work Hours/wk	

Additional Change	Increase	Decrease	New Income Amount
<input type="checkbox"/> Child Support—Attach copy of court order or notarized letter for direct child support	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> TANF—Attach copy of current award letter	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> Unemployment Benefits—Attach copy of current award letter	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> SS or SSI—Attach copy of current award letter	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> Pension—Attach copy of current pension statement	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> Contributions	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> Expenses: _____	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> Other: _____			\$ _____

*Expenses such as childcare and medical expenses should include related documents and receipts.

By signing below, I certify that the information provided to Opportunity Home San Antonio 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 Opportunity Home San Antonio to:

- **Verify all reported information**, which includes comparing all reported 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



Statement (please print):

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.



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.