

## **NOTIFICATION OF FAMILY MEMBER MOVE-OUT**

**Instruction:** Please complete this form and submit it to your HA representative immediately in the event that any family member(s) move out of your housing unit.

Date \_\_\_\_\_

Head of Household \_\_\_\_\_

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

**Please answer the following questions:**

Name of family member who moved:

\_\_\_\_\_

Date that the family member moved:

\_\_\_\_\_

What is the address this person is moving to?

\_\_\_\_\_

What is the telephone number of the place this person is moving to?

\_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize and direct any federal, state, or local agency, organization, business, or individual to release to the Housing Authority of the City of Bloomington any information or materials needed to complete and verify my application for housing assistance and/or to maintain my continued occupancy of housing furnished by or through the Housing Authority. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Housing Authority in administering and enforcing program rules and policies.

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be requested, this includes but is not limited to:

Identity and Marital Status	Residences and Rental Activity	Income
Medical Allowances	Child Care Allowances	Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility and continued participation in a housing assistance program.

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords	Veterans Administration	Social Security Administration
Retirement/Pension	FSSA	Department of Child Services
Utility Companies	Public Housing Agencies	Schools and Colleges
Work One	Law Enforcement Agencies	Credit Bureaus and Providers
Employers	Support and Alimony Providers	Financial Institutions (Banks)
Medical Providers	Child Care Providers	Courts

I understand and agree that the Housing Authority may conduct computer matching programs to verify the information supplies for my application or recertification. If a computer match is done, I understand that I have a right to exchange such information with other federal, state, or local agencies, including but not limited to State Employment Security agencies; Department of Defense; Office of Personnel Management; U.S. Postal Service; Social Security Administration; State Welfare agencies; Food Stamp (SNAP) agencies; Family and Social Services Administration (FSSA); and Department of Child Services.

I agree that a photocopy of this authorization may be used for the purposes listed above. This authorization will stay in effect for as long as I remain an applicant/participant/resident in any housing program administered by the Housing Authority.

I understand refusal to sign this or any required consent form may result in the denial of assistance or the termination of assisted housing benefits.

I acknowledge, agree and understand that by typing my name in any section constitutes and will be treated as my signature.

SIGNATURES

DATE

Head of Household \_\_\_\_\_

Adult Member \_\_\_\_\_

Adult Member \_\_\_\_\_

Adult Member \_\_\_\_\_

## Interim Change Form

**WARNING! SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO WILLFULLY MAKE FALSE STATEMENTS OR MISREPRESENTATION TO THE BHA ON THIS FORM.**

**Head of Household Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**NOTE: YOU ARE REQUIRED TO REPORT ALL INCOME AND MONEY RECEIVED by EACH person who will live with you, including yourself.**

**Name of Person Having Change:** \_\_\_\_\_

**Type of Change:**

**Income**       **Increase**       **Decrease**       **Change Employers**  
 Employment       TANF/Food Stamps       Social Security       Pension  
 Self-employment       Child Support       Other: \_\_\_\_\_

If there is a change in employment:

Current Employer: \_\_\_\_\_ Previous Employer: \_\_\_\_\_

For TANF/Food Stamps: have you been sanctioned?  Yes       No

If so, why and when? \_\_\_\_\_

**Family Change**       Add person       Remove person

Name: \_\_\_\_\_ Income: \_\_\_\_\_

**Family-Self Sufficiency/Home Ownership Program**

**Other (description):** \_\_\_\_\_

**Are you or any member of the household subject to lifetime state sex offender registry?**

Yes       No      If yes, what state? \_\_\_\_\_

### ACKNOWLEDGEMENTS

If you are currently receiving Housing assistance, your rent **may** be adjusted based upon the information provided on this form. If your rent is adjusted, the BHA will mail a "Notice of Rent Adjustment".

If your rent is decreased, the adjustment will become effective on the first day of the following month. If your rent is being increased, the adjustment will become effective on the first day of the second month from the date of your increase.

If you **fail to report** increased income changes, it will result in a retroactive rent increase. If you **fail to report** a decrease in income, the rent will not take effect until the month following the reported income change.

I understand refusal to sign this or any required consent form may result in the denial of assistance or the termination of assisted housing benefits.

I acknowledge, agree and understand that by typing my name in any section constitutes and will be treated as my signature.

**WARNING: MISREPRESENTATION OF INFORMATION COULD RESULT IN TERMINATION.**

\_\_\_\_\_  
**Signature**

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

# 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. 07/31/2017

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)

Bloomington Housing Authority

1007 N. Summit St.

Bloomington, IN 47404

**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.



# Bloomington Housing Authority

1007 North Summit, Bloomington, Indiana 47404  
812-339-3491 fax 812-339-7177

## REQUEST FOR EARNINGS INFORMATION

1) Employer	4) Employee
2) Address	5) Address
3) Fax Number	6) Employee Social Security Number XXX-XX-

7) I hereby authorize my employer to release the following information to the Bloomington Housing Authority.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



### EMPLOYER ONLY : Please Complete Each Field

Dates of employment: FROM: _____ TO: _____		Date of first check (month, day, year)	Gross Year To Date Earnings
Rate per hour	Average no. of hrs./pay period	Frequency of pay <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semimonthly	
Has the employee been terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, type of termination. <input type="checkbox"/> Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Fired		Effective date of action (month, day, year)

### Does the employee receive any of the following?

a. Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$	Frequency
b. Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$	Frequency

### Gross Wages

Month of:		Month of:		Month of:	
Date Paid	Gross Amount	Date Paid	Gross Amount	Date Paid	Gross Amount

Signature of individual completing this form	Date (month, day, year)
Title of the individual completing this form	Telephone number

Thank you for completing this employment inquiry.  
Please fax this form to 812-339-7177, attention \_\_\_\_\_.



Equal Opportunity Employer



INDIANA  
**WORKFORCE**  
DEVELOPMENT  
AND ITS **WorkOne** CENTERS

**RELEASE OF INFORMATION**

\*NAME OF APPLICANT (PRINT) \_\_\_\_\_

\*SOCIAL SECURITY: \_\_\_\_\_

\*CURRENT DATE: \_\_\_\_\_

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the agency listed below.

\_\_\_\_\_  
\*SIGNATURE OF APPLICANT

Check this box if Power of Attorney is attached

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

**\*NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.**

\*Signature of Requestor: \_\_\_\_\_

Requesting Agency: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**\*REQUIRED FIELDS:** For questions email [EmployVerification@dwd.IN.gov](mailto:EmployVerification@dwd.IN.gov)