



**OAKLAND HOUSING  
AUTHORITY**

1540 Webster Street, Oakland, CA 94612 (510) 587-2100

**INTERIM REQUEST FORM: INCOME CHANGE**

Date of Request: \_\_\_\_\_ Head of Household: \_\_\_\_\_ Client #: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_ Home/Message #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Failure to submit the required documentation may result in the denial of your request.**

**Please allow 20 business days for a resolution to your request.**

- All changes must be reported within 14 days of occurrence.
- You must continue to pay your current rent portion until you receive an approved Program Amendment form.
- If the family share of the rent decreases, the decrease will be effective on the first day of the month following the month in which the change was reported and all required documentation was submitted.

My Household income has DECREASED for: **(Explain below and attach verification)**

<b><i>Name of Family Member:</i></b>	<b><i>How has their income decreased?</i></b>

My Household income has INCREASED for: **(Explain below and attach verification)**

<b><i>Name of Family Member:</i></b>	<b><i>How has their income increased?</i></b>

**Documents Attached (Please list):**

- |           |           |
|-----------|-----------|
| 1.) _____ | 4.) _____ |
| 2.) _____ | 5.) _____ |
| 3.) _____ | 6.) _____ |

The Housing Authority will make reasonable efforts to accommodate persons with disabilities. If you need assistance completing this form please contact Customer Service at (510) 587-2100.

**WARNING: Section 1001 of Title 18 of the U. S. Code states that a person is guilty of a felony for knowingly and willingly making false and fraudulent statements to any department or agency of the United States. I certify that I have supplied accurate and complete information. I understand that reporting false information is fraud and may result in denial or termination of rental housing assistance.**

I understand as the Head of Household I am responsible for insuring the information is complete and accurate for all household members. I declare under penalty of perjury that all provided information and/or documents are valid.

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

\_\_\_\_\_  
Date



# Income and Asset Statement

The adult named below must complete AND sign this form even if there is no income  
(Must be 18 years or older at time of signature)

Name \_\_\_\_\_ Client # \_\_\_\_\_ Date of Birth \_\_\_\_\_

## DECLARATION OF ACKNOWLEDGEMENT

Penalties for committing fraud: The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. The following may occur if you provide information that you know is false or incomplete:

- Termination from the program
- Imprisonment for up to five (5) years
- Repayment for overpaid rental assistance you received
- Fine of up to \$10,000
- Disqualification from receiving future assistance

By signing below I am certifying that I have completed the Income and Asset form and that the information I have given is true and complete.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## DO YOU OWN OR HAVE ANY OF THESE ASSETS? (In or out of the United States)

- | YES                   | NO                    |                                     | YES                   | NO                    |  |
|-----------------------|-----------------------|-------------------------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | Checking Account(s)                 | <input type="radio"/> | <input type="radio"/> | House, Condo, Mobile Home, Real Estate               |
| <input type="radio"/> | <input type="radio"/> | Savings / Money Market Account(s)   | <input type="radio"/> | <input type="radio"/> | Certificate of Deposit (CD) / Treasury Bills / Bonds |
| <input type="radio"/> | <input type="radio"/> | IRA (Individual Retirement Account) | <input type="radio"/> | <input type="radio"/> | Whole Life Insurance Policies                        |
| <input type="radio"/> | <input type="radio"/> | Trust Fund                          | <input type="radio"/> | <input type="radio"/> | Other: _____   |

Bank Name \_\_\_\_\_ Type of Account \_\_\_\_\_ Account # \_\_\_\_\_

Bank Name \_\_\_\_\_ Type of Account \_\_\_\_\_ Account # \_\_\_\_\_

Bank Name \_\_\_\_\_ Type of Account \_\_\_\_\_ Account # \_\_\_\_\_

### YES NO

- Have you disposed of any asset(s) for less than fair market value in the last 2 years?
- Do you have any assets held jointly with another person? (Ex: Checking, Savings, real estate, etc.)

## DO YOU RECEIVE INCOME FROM ANY OF THESE SOURCES?

- All income and assets must be reported for determination of continued program eligibility.
- Current verification is required for ALL household members (including minors) who receive income and/or benefits.
- Some income and/or benefits may not be included when your rent portion is calculated.

- | YES                   | NO                    |                    | YES                   | NO                    |                       | YES                   | NO                    |                                      |
|-----------------------|-----------------------|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------------------|
| <input type="radio"/> | <input type="radio"/> | Job / Wages        | <input type="radio"/> | <input type="radio"/> | Self Employment       | <input type="radio"/> | <input type="radio"/> | Tips or bonuses or commissions       |
| <input type="radio"/> | <input type="radio"/> | SSI and/or SSA     | <input type="radio"/> | <input type="radio"/> | Unemployment          | <input type="radio"/> | <input type="radio"/> | Worker's Comp / Disability           |
| <input type="radio"/> | <input type="radio"/> | SSI for Minor      | <input type="radio"/> | <input type="radio"/> | Veterans Benefits     | <input type="radio"/> | <input type="radio"/> | Employment Training Program          |
| <input type="radio"/> | <input type="radio"/> | TANF / CalWORKS    | <input type="radio"/> | <input type="radio"/> | Pensions / Retirement | <input type="radio"/> | <input type="radio"/> | Annuities or non-revocable trust     |
| <input type="radio"/> | <input type="radio"/> | General Assistance | <input type="radio"/> | <input type="radio"/> | Child Support         | <input type="radio"/> | <input type="radio"/> | Income from rent or sale of property |
| <input type="radio"/> | <input type="radio"/> | Food Stamps        | <input type="radio"/> | <input type="radio"/> | Alimony               | <input type="radio"/> | <input type="radio"/> | Dividends/Payments from investments  |
| <input type="radio"/> | <input type="radio"/> | Cash Gifts / Loans | <input type="radio"/> | <input type="radio"/> | Adoptive Assistance   | <input type="radio"/> | <input type="radio"/> | Military Pay                         |
| <input type="radio"/> | <input type="radio"/> | Lump sum payment   | <input type="radio"/> | <input type="radio"/> | Foster Care / Kin Gap | <input type="radio"/> | <input type="radio"/> | Other: _____                         |

Employer(s) Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer(s) Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Person providing support (Ex: Child Support, Alimony, Gifts/Loans): \_\_\_\_\_

Phone# \_\_\_\_\_ Address \_\_\_\_\_

Person providing support (Ex: Child Support, Alimony, Gifts/Loans): \_\_\_\_\_

Phone# \_\_\_\_\_ Address \_\_\_\_\_



## **AUTHORIZATION RELEASE FORM/PRIVACY ACT NOTICE**

**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.**

**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.

**Who Must Sign the Consent Form:** Persons who apply for or receive assistance under any program administered by the Oakland Housing Authority. 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.

**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.

**Other Sources of Information, Verifications and Inquiries that may be requested include, but are not limited to:**

Identity and Marital Status	Credit and Criminal Activity	Residences and Rental Activity
Medical or Child Care Allowances	Employment, Income, and Assets	

**Groups or Individuals That May Be Asked**

Previous Landlords (including Public Housing Agencies)	Past and Present Employers	Veterans Administration
Courts and Post Offices	Social Service Agencies	Retirement Systems
Schools and Colleges	State Unemployment Agencies	Banks and other Financial Institutions
Law Enforcement Agencies	Social Security Administration	Credit Providers and Credit Bureaus
Support and Alimony Providers	Medical and Child Care Providers	
	Utility Companies	

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

**Conditions:** I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with Oakland Housing Authority. I understand I have a right to review my file and correct any information I can prove is incorrect.

**Consent:** I consent to allow HUD or the Oakland Housing Authority 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 OHA cannot use the income information received under this consent form 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. I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Oakland Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain continued assistance under the housing assistance programs administered by the Oakland Housing Authority. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for the Oakland Housing Authority to release information from my file about any rental history to HUD collection agencies. This includes records on my payment history, and any violations of my lease or Oakland Housing Authority policies. **The authorization to release information requested by this consent form expires 42 months after the date the consent form is signed.**

**SIGNATURES**

_____ Head of Household (Print Name)	_____ Signature Head of Household	_____ Date
_____ Spouse/Cohead (Print Name)	_____ Signature Spouse/Cohead	_____ Date
_____ Adult Member (Print Name)	_____ Signature Adult Member	_____ Date
_____ Adult Member (Print Name)	_____ Signature Adult Member	_____ Date
_____ Adult Member (Print Name)	_____ Signature Adult Member	_____ Date