

HOUSING CHOICE VOUCHER (SECTION 8) INCOME ADJUSTMENT



INSTRUCTION FOR INCOME ADJUSTMENT:

- Complete attached Income Adjustment Packet & Release of Information form.
- Attach verification of **ALL** household income (all family members)
- Attach Food Stamp Award letter and Childcare (if applicable)
- Packet must be **completely filled out** to be accepted

Decrease of income requirement:

If your income has decreased the completed Income Adjustment Packet along with all verifications of your household income, food stamps and childcare (if applicable) must be submitted and date stamped by our office before or on the **25th** of the month by 4:30pm in order for the Ocala Housing Authority (OHA) to reduce your portion of the rent for the next month.

Delay of Adjustment:

- completed adjustment packet is submitted after the 25th of the month
- Failure to submit all required documentation

Tenant Integrity Reporting

Participants have 30 calendar days to submit increases of income from all funding sources on an income adjustment packet. Federal and State COLA (cost of living) increases are not required to be reported until the next interim adjustment or annual recertification. Failure to submit income increases within 30 days could result in termination of housing assistance.

This change also includes a change in the number of household members. The number of people in your household can affect your amount of housing assistance that is paid on behalf of your family.

*****The OHA is obligated to inform you that if you fail to report the names of all persons living in your home, fail to report your full income or if you falsify your application in any way, you may be charged with fraud under Chapter 409.325 of the Florida Statutes. Section 1001 of Title 18 of the United States Code makes it a crime, punishable by fine up to \$10,000, and/or Imprisonment up to (5) years.**

Should you have questions, you may contact our office at 352.369.2636.



INFORMATION REQUIRED FOR THE VOUCHER PROGRAMS

***YOUR INCOME ADJUSTMENT EXAM CANNOT BE COMPLETED WITHOUT PROOF OF INCOME - YOU MUST PROVIDE OUR OFFICE WITH THE DOCUMENTATION THAT APPLIES TO YOUR HOUSEHOLD!**

1. MEMBERS TO BE ADDED–Birth certificates, social security cards, photo ID (if 18 or older), Police and Sheriff Reports–3 years if 18 or older), proof of alien status if born out of the USA.
*****YOU MUST HAVE PRIOR WRITTEN APPROVAL FROM YOUR LANDLORD**

2. IF EMPLOYED- You must submit a Letter on letter head from employer with the hire date, rate per hour and hours per week or check stubs.

3. SELF-EMPLOYED–Must provide a record of earnings/expenses (LEDGER) and also the W-2 from previous year.

4. EDUCATION GRANTS OR SCHOLARSHIPS–Award letter, receipts for semester.

5. CHILD SUPPORT–Print-out from Courthouse, Notarized Statement from provider or Judgment for Support Court Order.

6. ALIMONY–Divorce Papers.

7. UNEMPLOYMENT COMPENSATION–Print-out from unemployment **agency only! No Check stubs or copies of checks will be** accepted.

8. WELFARE ASSISTANCE/TANF/FOODSTAMP–Grant letter, print-out from DCF.

9. SOCIAL SECURITY/SSI–Current Award Letter, print out from Social Security Administration.
COPIES OF CHECKS ARE NOT ACCEPTED!

10. CHILD CARE EXPENSE–Name and address of provider / receipts

11. VERIFICATION OF INCOME OF MEMBERS WHO ARE 18 YEARS OF AGE OR OLDER–These members must sign report any income and complete all paperwork necessary for our program. If a full time student must provide proof of school attendance.

12. IF NO INCOME AND RECEIVING ASSISTANCE FROM FAMILY MEMBERS –Notarized statement as to the assistance and amount.

13. Letter on letter head from job if no longer employed

Note: If your monthly adjusted income is less than \$50.00 the OHA will use the Minimum Rent amount of \$50.00. Families may request a hardship exception to this Minimum Rent amount for certain specific circumstances determined by the OHA or HUD. Any request for a hardship exception must be in writing and contain a detailed description of the circumstances as to why the request is being made. Also the request must have documentation attached which verifies the circumstances stated in the request.

WARNING! CHAPTER 409.325 OF THE FLORIDA STATUTES MAKES IT A CRIME PUNISHABLE BY FINE AND/OR IMPRISONMENT IF A HOUSING PARTICIPANT DELIBERATELY MAKES FALSE STATEMENTS ABOUT HIS/HER INCOME, OR FAILS TO DISCLOSE A MATERIAL FACT EFFECTING INCOME OR RENT.

OCALA HOUSING AUTHORITY
Application for Continuing Eligibility
Housing Choice Voucher (Section 8)
INCOME ADJUSTMENT

Head of Household		Social Security Number		
Address		City	State	zip
Home Telephone	Cell/Message Number	Email		
Marital Status: <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorce <input type="radio"/> Separated <input type="radio"/> Widower				
Do you or a household member receive food stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount:				

Household Members

Name	SSN	Relationship	DOB	Current	Adding	Removing
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Income - (check one)

Name	Source of Employment SS, SSI, Child Support, TANF, Family Contribution, Unemployment, etc.	Current	Adding	Deleting	Weekly	Bi-Weekly	Semi Monthly	Monthly	Full-Time (FT) Part-Time (PT) Varies (lowest – highest hours)	AMOUNT

Employment

Name of Employer	Name of Employee	Employer Address	City	State	Zip	Phone Number

Child Care

(Check One)

Name of Daycare	Address	Amount	Weekly	Bi-Weekly	Monthly

Signature of Head of Household _____ Date _____

Signature of Spouse/Co-Head _____ Date _____

