

VOUCHER INCOME ADJUSTMENT



Dear Voucher Participant:

Please complete the attached forms; Application for Continued Assistance, Fraud Statement and Release of Information form, and attach verifications of ALL of your household income. If your income has decreased, these documents and verification of your household income must be submitted to our office by the 25th of the month in order for the Ocala Housing Authority (OHA) to reduce your portion of rent for the next month. If submitted after the 25th, your portion of rent WILL NOT be reduced until the following month.

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 charge with fraud under Chapter 409.325 of the Florida Statues. 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 five years.



The OHA prosecutes for Fraud!

Should you have any 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**--Check stubs must be current and consecutive. Four (4) if your pay is weekly, two (2) if bi-weekly. Must provide print-out from employer if missing any of the 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. **CHECKING/SAVINGS ACCOUNTS**--Last Bank Statement, print-out from bank with current balance.

11. **STOCKS/BONDS/WAR BONDS**--Statement of dividends received for the year.

12. **REAL ESTATE**--Current Market Value.

13. **CHILD CARE EXPENSE**--Name and address of provider / receipts

14. **OUTSTANDING MEDICAL BILLS--ELDERLY ONLY**--Proof of regular monthly payment, letter of agreement with doctor and outstanding balance.

15. **MEDICAL INSURANCE--ELDERLY ONLY**--Policy and proof monthly payments.

16. **PRESCRIPTIONS**--Print-out from pharmacy with out-of-pocket expense on prescription medications and letter from physician in reference to medications.

17. **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.

18. **IF NO INCOME AND RECEIVING ASSISTANCE FROM FAMILY MEMBERS** --Notarized statement as to the assistance and amount.

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

(Check One)

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

Income - (check one)

Name	Source (Employment, SS, SSI, Child Support, TANF, Family Contribution, Unemployment, etc.)	Adding	Deleting	Weekly	Bi-Weekly	Semi Monthly	Monthly	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

