

## 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 **25<sup>th</sup>** 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 25<sup>th</sup> 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 \_\_\_\_\_



# 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. 1/31/2014

PHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

OCALA HOUSING AUTHORITY  
1629 NW 4TH STREET  
PO BOX 2468  
OCALA, FL 34478-2468  
PHONE: 352-369-2636  
FAX: 352-369-2642

IHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

XX  
XX  
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**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.