

## Public Housing Income Adjustment

Dear Public Housing Resident:

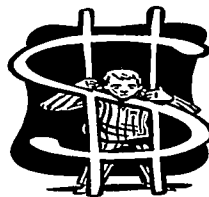
Please complete all the attached forms. Verifications of **all** household income must be attached including food stamp award letter, bank statements, and childcare expenses. If you are adding a family member including a newborn you must submit birth certificate and social security card. When adding a family member age 18 or older you must provide background checks.

If your income has **decreased** completed packet and all supporting documentation must be submitted to our office **by the third (3<sup>rd</sup>)** of the month in order for the Ocala Housing Authority to reduce your rent. If submitted **after the 3<sup>rd</sup>** of the month then your portion of rent **will not** be reduced until the following month.

Chapter 414.39 of Florida Statutes makes it a crime, punishable by fine from both \$50.00 to \$5,000.00, or imprisonment for up to five (5) years, or both, if a housing applicant or resident deliberately makes false statements about his/her income or fails to disclose a material fact affecting income and rent. This includes failure to report names of persons living in your household.

In addition, Section 1001 of Title 18 of the United States Code also makes it a crime punishable by fine up to \$10,000.00, or imprisonment up to five (5) years, or both for making any false, fictitious or fraudulent statement or representation making or using any false writing or document in any matter within the jurisdiction of any department or agency of the United States.

**THE OCALA HOUSING AUTHORITY WILL PROSECUTE FOR FRAUD.**



Should you have any questions please do not hesitate to contact our office at 369-2636.

# ATTENTION PUBLIC HOUSING RESIDENT

Attached is a Public Housing packet to be completed for any changes in income or household composition. This includes increases or decreases in income or childcare expenses and the addition or removal of a family member. Please complete the information below and the attached packet before submitting it to our office. **Proof of all income and childcare expenses must be attached.**

## ***INCOMPLETE PACKETS WILL BE DELAYED***

HOUSEHOLD INCOME WAS -- includes **all** income you were receiving prior to change. (Example SSI for John Doe was \$459.00)

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PRESENT HOUSEHOLD INCOME -- includes **all** income you are presently receiving. (Example SSI for John Doe is \$ 483.00)

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Family member that I am removing:

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Family member that I am adding:

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Date of change:

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# Ocala Housing Authority

## Application for Continuing Eligibility

### PUBLIC HOUSING

Annual   
  Income Adjustment   
  Transfer

<b>Head of Household (H of H)</b>		<b>Date of Birth</b>	<b>Social Security Number</b>
<b>Marital Status</b> <input type="checkbox"/> Married           Date Married _____           Spouse's name _____ <input type="checkbox"/> Separated           Separation Date _____           Spouse's name _____ Is it a legal separation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Widow(er) <input type="checkbox"/> Single <input type="checkbox"/> Divorced           Date Divorced _____ Spouse's or Ex Spouse's Name _____ Must provide a copy of divorce decree, marriage license and/or separation agreement			
<b>Home Telephone Number</b>		<b>Work Number</b>	<b>Message Telephone Number</b>
<b>Physical Address</b>		<b>Mailing Address or PO Box</b>	
<b>Name of nearest relative or friend not living with you</b>		<b>Address</b>	<b>Phone Number</b>
<b>Drivers License Number</b>		<b>Email address</b>	
<b>Income</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes type:</i> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants			
<b>Amount \$</b>		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
<b>Amount \$</b>		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
<b>Amount \$</b>		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
<b>Do you or anyone in your household receive Food Stamps?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes           Amount \$ _____ (Receiving Food Stamps DOES NOT increase your portion of rent)			
<b>Name of Employer or Source of Income</b>		<b>Date Employment Began</b>	
<b>Address of Employer</b>		<b>Phone Number of Employer</b>	
<b>Spouse/Co Head</b>		<b>Social Security Number</b>	
<b>Income</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Amount \$</b>	
<b>Name of Employer</b>			
<b>Address of Employer</b>		<b>Phone Number of Employer</b>	

## LIST ALL OTHER FAMILY MEMBERS THAT LIVE IN YOUR HOUSEHOLD

(If additional space is needed please attach all information for additional family members)

### 1. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
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**Income**  Yes  No *If yes type:*  TANF,  SSI,  SS,  Child Support,  Employment,  
 Unemployment,  Family Contribution,  Other  Assets  School Grants

Employer or source of income	Address of Employer	Phone Number
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Is this family member a full time student?	Name of school
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Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)	Child Support Case Number
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### 2. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
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**Income**  Yes  No *If yes type:*  TANF,  SSI,  SS,  Child Support,  Employment,  
 Unemployment,  Family Contribution,  Other  Assets  School Grants

Employer or source of income	Address of Employer	Phone Number
------------------------------	---------------------	--------------

Is this family member a full time student?	Name of school
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Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)	Child Support Case Number
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### 3. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
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**Income**  Yes  No *If yes type:*  TANF,  SSI,  SS,  Child Support,  Employment,  
 Unemployment  Family Contribution,  Other  Assets  School Grants\

Employer or source of income	Address of Employer	Phone Number
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Is this family member a full time student?	Name of school
--	----------------

Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)
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(If additional space is needed please attach a separate sheet with all information for additional family members)

<b>4. Name</b>				
<b>Relationship</b>	<b>Sex</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
<b>Income</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes type:</b> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment, <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants				
<b>Employer or source of income</b>	<b>Address of Employer</b>		<b>Phone Number</b>	
<b>Is this family member a full time student?</b>			<b>Name of school</b>	
<b>Has this child tested positive for elevated blood levels for lead paint poisoning?</b>				
<b>Name(s) of non-custodial parent(s)</b>			<b>Child Support Case Number</b>	

<b>5. Name</b>				
<b>Relationship</b>	<b>Sex</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
<b>Income</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes type:</b> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment, <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants				
<b>Employer or source of income</b>	<b>Address of Employer</b>		<b>Phone Number</b>	
<b>Is this family member a full time student?</b>			<b>Name of school</b>	
<b>Has this child tested positive for elevated blood levels for lead paint poisoning?</b>				
<b>Name(s) of non-custodial parent(s)</b>			<b>Child Support Case Number</b>	

<b>6. Name</b>				
<b>Relationship</b>	<b>Sex</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
<b>Income</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes type:</b> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment, <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants				
<b>Name of Employer or source of income</b>	<b>Address of Employer</b>		<b>Phone Number</b>	
<b>Is this family member a full time student?</b>			<b>Name of school</b>	
<b>Has this child tested positive for elevated blood levels for lead paint poisoning?</b>				
<b>Name(s) of non-custodial parent(s)</b>			<b>Child Support Case Number</b>	

<b>CHILDCARE INFORMATION</b>	
Do you pay for childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount paid for childcare \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	
Are you reimbursed childcare expenses from an agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and address of Daycare facility:	
Telephone #	
<b>CHILD SUPPORT INFORMATION</b>	
Do you receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child support court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of child(ren) you receive child support for:	
Amount of child support \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	
<b>ALIMONY INFORMATION</b>	
Do you or any of your family members receive alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the alimony court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>ASSET INFORMATION and ADDITIONAL INCOME INFORMATION</b>	
Do you or any household member have a checking or savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Financial Institution	
Address of Financial Institution	
Checking/Savings Account Number	Checking/Savings Account Balance
Life Insurance Policy   Yes   No	Cash Value
Company Name	
Do you or any of your family members own any of the following:	
Interest in Real Estate, Property or Land <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stocks or Bonds <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dividends or Annuities <input type="checkbox"/> Yes <input type="checkbox"/> No	
Trust Funds or Money Market Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No	
Retirement Account (401, Keogh, IRA) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inheritance, Lump Sum Payments <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special pay to a family member in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes explain	

Are you or any of your family members receiving income from your participation in a State or local employment training program?  Yes  No If yes, name \_\_\_\_\_

Are you or any of your family members receiving any financial assistance paid to you or to an educational institution?  Yes  No If yes, name \_\_\_\_\_

Are you or any of your family members receiving income from a HUD funded program?  
 Yes  No If yes, name \_\_\_\_\_

Are you or any of your family members receiving resident service stipend?  
 Yes  No If yes, name \_\_\_\_\_

Are you or any of your family members receiving adoption subsidy or payments for the care of foster children or foster adults?  Yes  No If yes, name \_\_\_\_\_

Is the Head of Household or any member of the household subject to a lifetime state sex offender registration program? \_\_\_\_\_

If yes who \_\_\_\_\_

Where \_\_\_\_\_ When \_\_\_\_\_

Have you or any other family member used any other names previously?  Yes  No If yes, please list all former names and respective dates used. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Warning: Section 1001 of title 18 of the United State code makes it a Criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matters within its jurisdiction.**

Signature of Head of Household \_\_\_\_\_ *Date* \_\_\_\_\_

Signature of Spouse/Co-Head \_\_\_\_\_ *Date* \_\_\_\_\_



**Ocala Housing Authority  
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 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 age six years 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.

**Signatures:**

**Initial:** I received a copy of the  
Privacy Act Notice

_____	_____	_____
Head of Household	Date	
_____	_____	_____
Family Member 18 yrs. and older	Date	
_____	_____	_____
Family Member 18 yrs. and older	Date	
_____	_____	_____
Family Member 18 yrs. and older	Date	
_____	_____	_____
Family Member 18 yrs. and older	Date	



# Ocala Housing Authority

1629 NW 4<sup>th</sup> Street  
P.O. Box 2468  
Ocala, Florida 34478-2468

Telephone: 352-369-2636  
Fax: 352-369-2642  
TDD 1-800-545-1833 ext.507

## AUTHORIZATION TO RELEASE INFORMATION

The Ocala Housing Authority is required by federal regulations to verify the income and credit of all family members applying for admission or participating in our rental programs. To comply with this requirement, we ask your cooperation in providing the information requested regarding the referenced family member(s). This information is used only in determining eligibility status and the family's portion of rent

Your prompt return of the attached Income Verification form is greatly appreciated. For your convenience I have enclosed a self-addressed stamped envelope. Should you have any questions, you may contact our office at the above number.

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## AUTHORIZED TO RELEASE INFORMATION

I, hereby, authorize the release of the requested information by the following applicable agencies and/or person: Employer, Social Security Administration, Child Support Payer, Department of Children and Families, Child Care Provider, Credit Bureau, school records and utility companies.

I, hereby, authorize the release of a criminal background check to the Ocala Housing Authority on my behalf and for anyone in my household who is 18 years of age or older and who has also signed this release form.

I also authorize the Ocala Housing Authority to request and obtain from the Internal Revenue Services regarding my unearned and earned income (i.e., W-2 wages, interest, social security and dividends). This disclosure is needed to verify the accuracy of the information which I have provided to this agency. This consent form authorizes release of this information for my account for the last three (3) tax years, and will be sufficient to use in lieu of my signature on IRS Form 4506T.

*This consent form expires five (5) years after the date of signature.*

## NAME OF FAMILY MEMBERS

List the name and social security number for each family member.

Head of Household \_\_\_\_\_, ss# \_\_\_\_\_-\_\_\_\_-\_\_\_\_

Co-Head: \_\_\_\_\_, ss# \_\_\_\_\_-\_\_\_\_-\_\_\_\_

Other Adult: \_\_\_\_\_, ss# \_\_\_\_\_-\_\_\_\_-\_\_\_\_

Dependent: \_\_\_\_\_, ss# \_\_\_\_\_-\_\_\_\_-\_\_\_\_

Dependent: \_\_\_\_\_, ss# \_\_\_\_\_-\_\_\_\_-\_\_\_\_

Dependent: \_\_\_\_\_, ss# \_\_\_\_\_-\_\_\_\_-\_\_\_\_

Dependent: \_\_\_\_\_, ss# \_\_\_\_\_-\_\_\_\_-\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

**OCALA HOUSING AUTHORITY**

**FRAUD STATEMENT**

**Chapter 414.39 of Florida Statutes makes it a crime, punishable by fine from both \$50.00 to \$5,000.00, or imprisonment for up to five (5) years, or both, if a housing applicant or resident deliberately makes false statements about his/her income or fails to disclose a material fact affecting income and rent.**

Section 1001 of Title 18 of the United States Code also makes it a crime punishable by fine up to \$10,000.00, or imprisonment up to five (5) years, or both for making any false, fictitious or fraudulent statement or representation making or using any false writing or document in any matter within the jurisdiction of any department or agency of the United States.

This means that if you, as an applicant or a resident, knowingly gives the Ocala Housing Authority (OHA) false information about your income, or fail to report changes in your family composition (family size) or income, in writing within thirty (30) days of the change, to your Section 8 Housing Counselor (Section 8 Program) or your Public Housing Manager (Public Housing), or failure to report to the Ocala Housing Authority representative for any programs administered by the Ocala Housing Authority, your assistance will be terminated and you may be charged with fraud under Chapter 414.39 and/or Section 1001 of Title 18 of the United States Code.

If as a result of committing fraud, withholding information, or making a misrepresentation to the OHA, you receive any rental assistance or lower rent to which you are not entitled, you will be subject to local, state, and federal prosecution. THIS COULD RESULT IN FINE IMPRISONMENT OR BOTH AS WELL AS THE LOSS OF YOUR ELIGIBILITY FOR THIS AGENCY'S HOUSING PROGRAM.

**I have read the above statement or had it read or explained to me. I also understand the consequences of not correctly reporting my income, household size, or any other requirement of the Ocala Housing Authority.**

_____ <u>Signature of Head of Household</u>	_____ <u>Date</u>
_____ <u>Signature of Co-Head</u>	_____ <u>Date</u>
_____ <u>Signature of Other Adult</u>	_____ <u>Date</u>
_____ <u>Signature of OHA Representative</u>	_____ <u>Date</u>

**EQUAL OPPORTUNITY EMPLOYER/EQUAL OPPORTUNITY HOUSING**