



QC Date: _____
 LHA Official _____
 Proceed to Process
 by Case Worker _____

No Action
 Required _____

Lakeland Housing Authority
 430 Hartsell Ave
 Lakeland FL 33815
 Tel: 863-687-2911

Housing Choice Voucher Program (Section 8) Change Form

PLEASE PRINT Complete the entire form. Please put N/A (not applicable) were it does not apply

Head of Household: _____ **SS#** _____

Address: _____ **City:** _____ **State:** _____ **zip:** _____

Home #: _____ **Work:** _____ **Cell:** _____

E-mail _____

Displaced due to Governmental action or Natural Disaster: the PHA will have a preference for current displace families for natural disaster and/or government action. Current will be consider in the last 6 months of requesting the assistance

- CHECK THE BOX OF THE CHANGE YOU ARE TRYING TO REPORT
- TO EXPEDITE ANY CHANGES PLEASE ENSURE YOU ATTACH SUPPORTING DOCUMENTATION.

My mailing address has changed. My new mailing address is:

My income has changed: if income is decreasing we need back up documentation to show the change (employer termination letter/ ssi award letter, family income statement) Adding new income, provide documentation showing the amount to be receiving (pay stubs, employer letter with hours, start date, amount to be paid, SSI award letter, TANF letter)

Source	Stopped(Yes/No)	Amount?	How Often?
	If No -Start Date - If Yes-End Date -		
Contact Person	Phone Number	Fax Number	Reason for change

Source	Stopped (Yes/No)	Amount?	How Often?
	If No -Start Date - If Yes-End Date -		
Contact Person	Phone Number	Fax Number	Reason for change



My family size has changed. My new family size is as follows:

ADDING:

Last Name, First Name	MI	Relationship	Sex	Age	SS #	Date of Birth	Place of Birth	Race

REMOVING:

Last Name, First Name	MI	Relationship	Sex	Age	SS #	Date of Birth	Place of Birth	Race

- If adding a family member, please ensure to provide:
 - Social Security Card, Birth Certificate, Photo ID for those 18yrs old and older, Employment & Income Information
- Sign the following forms;
 - HUD Form 9886, PHA Authorization for the Release of Information, 214 declaration of citizenship
- If removing a family member, proof of residency for the new address is required
(Photo ID, copy of lease, or utility bill)

WARNING: Section 1001 of Title XVIII of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.

I certify that the above information is correct, and I understand that any misrepresentation will be grounds for termination of assistance from the Section 8 Program.

Signature: _____

Date: _____

REQUEST FOR ADDITION TO HOUSEHOLD

Name of Head of Household _____ Date of Request _____
Address _____ City/State/Zip _____
Contact Ph Number _____ Email: _____

Proposed Addition to Household

1. What is your full legal name? _____
2. Current Address _____ Number of years _____
City/State/Zip _____
3. What is your Social Security Number? _____
4. What is your Date of Birth? _____
5. Have you ever been arrested for any crime? Yes No If yes,
When? _____ Where? _____
Reason? _____
6. If you have been arrested *more than once*, explain when, where, and for what crime on the back of this form.
7. Have you ever lived in public housing or received housing assistance under the HCV Certificate or Voucher programs? Yes No
8. List any other States in which you have lived:
State: _____ When? _____ State _____ When? _____
State: _____ When? _____ State _____ When? _____

I hereby request that the person listed on this form be permitted to reside in my housing unit and be added to my household composition. I fully understand that no one is permitted to reside in my apartment without the written approval of the Housing Authority.

Signature: _____

Date: _____

Out of Household Declaration

To be completed by the Head of Household

Date _____

I hereby certify that: _____

Has/Have moved out of: _____

As of the following date: _____

I understand that any adult family members that are removed from the lease will not be allowed to be put back on. I also understand that only those on the lease are allowed to live in my household and violation of this regulation is basis for termination of my Housing Assistance Benefits.

** Please provide a valid driver license for the family member that is being removed, showing the new address, also a copy of the lease will be accepted. I

****WARNING****

SECTION 1001 OF TITLE 18 OF THE US CODE MARKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE US TO ANY MATTER WITHIN IT'S JURISDICTION.

Head of Household Signature

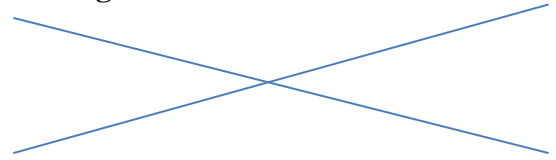
Date

PART 18 – AUTHORIZATION FOR THE RELEASE OF INFORMATION

PHA requesting release of information:

The Lakeland Housing Authority

This consent form expires fifteen (15) months after signed.



Authority: 42 E.S. C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income, welfare income, assets, residences and rental activity, medical or child care allowances, credit, and criminal activity. HUD and the HA need this information to verify your eligibility 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 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 information it obtains in accordance with any applicable State privacy laws. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form.

Who Must Sign the Consent From: 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 From: 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 information review and hearing procedures.

Sources of Information: The group or individuals that may be asked to release the authorized information include but are not limited to:

- ✓ Previous Landlords (including Public Housing Agencies)
- ✓ Courts and Post Offices
- ✓ Schools and Colleges
- ✓ Law Enforcement Agencies
- ✓ Support and Alimony Providers
- ✓ Past and Present Employers
- ✓ Welfare Agencies
- ✓ State Unemployment Agencies
- ✓ Social Security Administration
- ✓ Medical and Child Care Providers
- ✓ Veterans Administration
- ✓ Retirement Systems
- ✓ Banks and other Financial Institutions
- ✓ Credit Providers and Credit Bureaus
- ✓ Utility Companies
- ✓ US Citizen and Immigration Services
- ✓ CA State Sex Offenders Database

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted programs. I understand that HA's that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.

Signatures:



SIGNATURE (Head of Household)

Date

Social Security Number (if any) of Head of Household

Spouse

Date

Other Family Member over the age of 18

Date

Other Family Member over the age of 18

Date

Other Family Member over the age of 18

Date

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 from unauthorized disclosures or improper uses of information collected based on the consent form. Use of information collected based on this form is restricted to the purpose cited above. Any person, who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to 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.



PART 19 – HUD 9886

Authorization for the Release of Information/ Privacy Act Notice

U.S Department of Housing
and Urban Development
Office of Public and Indian Housing

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

PHA requesting release of information; (Cross out space if none) (Full address, name of contact person, and date)	PHA requesting release of information; (Cross out space if none) (Full address, name of contact person, and date)
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Lakeland Housing Authority

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(1)(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.

PART 19 – HUD 9886 (CONTINUED)

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 Housing Authority 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.