



GREATER METROPOLITAN AREA HOUSING AUTHORITY
OF ROCK ISLAND COUNTY
621 17th Avenue East Moline, IL 61244



Change of Income or Household Conditions

Important: Income and household changes must be reported within 10 business days of the change. If you report changes late or not at all, you could owe GMAHA money or risk losing your housing assistance.

Please check a box below:

- ☐ I am reporting an increase in household income ☐ I am reporting a decrease in household income
- ☐ I wish to add a household member(s) ☐ I wish to report a decrease in household members
- ☐ Other (please specify) _____

1. Head of Household Name (Last, First, Middle)		2. Social Security Number	
3. Address		4. Telephone Number or Contact Number	
Instructions: Complete <u>ONLY</u> those sections that are necessary to tell us how your household's conditions have changed. Please print clearly and provide a response for all of the numbered items in the section(s) you fill out.			
PART 1. EMPLOYMENT			
1. Household Member Name		2. Effective Date of Change	
3. Check one Box <input type="checkbox"/> Began working <input type="checkbox"/> Changed Employment <input type="checkbox"/> Wage increase <input type="checkbox"/> No longer working <input type="checkbox"/> Other change (describe)			
4. I am self-employed (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, under what name?			
5. Employer/ Company Name	6. Supervisor's Name	7. Telephone	8. Fax
9. Employer Address		City	State Zip
10. Wage rate or salary amount \$ (Check one) Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month			
11. Number of straight time hours worked per pay period:		12. Average number of overtime hours worked per week:	
PART 2. EMPLOYMENT SECURITY (Unemployment) <i>No additional forms or verifications needed</i>			
1. Household Member Name		2. Effective Date of Change	
3. Check only one box for this report <input type="checkbox"/> Receiving Unemployment <input type="checkbox"/> No longer receiving Unemployment			
4. Amount of Payment (include zero dollars if no longer receiving payments) \$			5. Number of Months of Eligibility
PART 3. Department of Social and Health Services (TANF/Supplemental SSI) <i>No additional forms or verifications needed</i>			
1. Household Member Name		2. Effective Date of Change	3. State/County
4. Check one Box <input type="checkbox"/> This household member is receiving TANF/SSI <input type="checkbox"/> This household member is no longer receiving TANF/SSI			5. Amount of Payment \$

PART 4. Social Security and Supplemental Income SSI		<i>Provide a statement from Social Security with amount</i>	
1. Household Member Name		2. Effective Date of Change	3. Social Security Number
4. Change applies to (check one) <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income (SSI)			
5. Amount of Payment (put zero dollars if no longer receiving payments) \$			
6. Amount shown is a <input type="checkbox"/> Increase <input type="checkbox"/> Decrease from the amount reported previously.			
PART 5. Income from Annuities and Pensions		<i>Please provide a current statement from financial institution or source of income.</i>	
1. Household Member Name		2. Effective Date of Change	3. Account Number
4. Amount of Payment (including zero dollars if no longer receiving payments) \$			
5. Amount shown is a <input type="checkbox"/> Increase <input type="checkbox"/> Decrease from the amount reported previously.			
PART 6. Zero or Other Income		<i>If you are reporting that you have no income, complete Zero Income Checklist and Worksheet.</i>	
1. Effective Date of Change		2. Description of income change	
3. Amount (including zero dollars if claiming zero income) \$ per (check one) <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other / Describe			
PART 7. Child Care		<i>Provide a statement from the provider that includes any subsidy amounts and co-pays if applicable.</i>	
1. Effective Date of Change		2. Amount of Payment \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month	
3. Name of Provider		4. Telephone	5. Fax
6. Provider Address		City	State Zip
PART 8. Household Composition (adding or removing household members)		<i>See Instructions below</i>	
New household members may not move in until they are approved by both the landlord and by the Housing Authority.			
Failure to follow this rule may result in termination from the program.			
<u>Requesting an addition to the household:</u>			
1. Provide a copy of social security card and valid driver's license or state picture ID. For children under 18, provide a copy of the birth certificate.			
2. Complete an Authorization For Criminal Record Investigation Form.			
3. Include "Release of Information" form (HUD 9886).			
<u>Removing a member from the household:</u>			
1. Provide verification of the household member's new address, such as a utility bill showing name and address.			
1. Proposed date of change		2. I wish to <input type="checkbox"/> Add <input type="checkbox"/> Remove a member from my household (check one) <input type="checkbox"/> Temporary Change <input type="checkbox"/> Permanent Change	
3. Name of member		4. Social Security No.	
5. Date of Birth	6. Place of Birth		7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
8. Race / Ethnicity		9. Relationship to Head of Household	
1. Proposed date of change		2. I wish to <input type="checkbox"/> Add <input type="checkbox"/> Remove a member from my household (check one) <input type="checkbox"/> Temporary Change <input type="checkbox"/> Permanent Change	
3. Name of member		4. Social Security No.	
5. Date of Birth	6. Place of Birth		7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
8. Race / Ethnicity		9. Relationship to Head of Household	

I, _____ (print name) hereby authorize the Greater Metro. Area Housing Authority to verify the information provided by me on this form. I understand that such verification may include contacting any or all appropriate employers, governmental agencies or individuals as identified on this form.

(This authorization is valid for a period of 90 days from the date indicated below).

Signed _____ 2 _____ Date _____

APPLICANT / TENANT CERTIFICATION & NOTICE

I/We certify that the information* given to the Public Housing Authority on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

*After verification by this PHA, the information will be submitted to HUD on Form HUD-50058 (Tenant Data Summary, a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Notice for more information about its use.)

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I do hereby swear and attest that all the information above about me and my household is true and correct. I also understand that all changes in household members or income must be reported to the Public Housing Authority *IN WRITING* immediately.

I declare under penalty of perjury under the laws of the United States of America and the State of Illinois that the information contained in this statement of facts is true, correct, and complete.

WAIT! THIS FORM IS TO BE SIGNED AT YOUR APPOINTMENT. ALL ADULT MEMBERS MUST SIGN THIS FORM IN FRONT OF A HOUSING COMMISSION STAFF MEMBER.

Signature of Head of Household Date Signature of Head of Household Date

Signature of Other Adult Date Signature of Other Adult Date

NOTE: If form is completed by a person other than applicant/participant, please sign and complete representative information.

Print Name Signature of Representative Date

Address City State Zip Phone

PHA OFFICIAL'S CERTIFICATION AND NOTICE FOR TENANT'S FILE

I Certify that:

1. The information given to the Public Housing Authority by the household of _____ on household composition, income, net family assets, and allowances and deductions has been verified as required by Federal law;
2. The family was eligible at admission; and
3. The family has certified that it has given our agency accurate and complete information.

PHA Official or Representative Date

FILE NAME _____ SOCIAL SECURITY NO. _____

APPLICANT/TENANT CERTIFICATION

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets, and items for allowance and deductions is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form 50058 and 50059, whichever applies to me, and certify that the information shown is true and correct.

Reporting Change in Income or Household Composition

I know I am required to report immediately any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone whom is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal Housing Assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal Housing Assistance while I am in the current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending prescheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under federal or state criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance

Signature and Date of Household Adults

- 1) _____
- 2) _____
- 3) _____
- 4) _____