



100 West 13th Avenue, Eugene, OR 97401 • PH 541-682-3755 • FAX 541-682-3411



Homes. People. Partnerships. Good. www.homesforgood.org

CHANGE OF INCOME AND/OR STATUS FORM – Public Housing

**PLEASE COMPLETE BOTH SIDES OF THIS FORM AND
HAVE ALL ADULT MEMBERS SIGN THE RELEASE OF INFORMATION**

Completing a Change of Income/Status Form to request an Interim Review is not considered “providing documentation”. Changes must be reported within 14 days of the date of the change. A decrease in income must last longer than 30 days. The Resident must provide Homes for Good with all pertinent information and sign an Authorization for the Release of Information which will allow Homes for Good to obtain verification(s). Failure to do so may result in a delay of your request. The Resident will be notified in writing of any rent adjustment and the effective date of the rent adjustment.

As a result of this request, necessary verification form(s) will be sent to provider(s), employer(s), and/or agencies listed on the reverse side of this form. They must complete the form, sign, date & return it directly to Homes for Good via FAX or U.S. mail. Any verification forms completed or returned by the Resident will not be accepted.

PLEASE SIGN AND DATE THIS REQUEST FORM:

Resident Signature

Date

PLEASE PRINT

**PLEASE GIVE DETAILED INFORMATION REGARDING THIS CHANGE &
INDICATE WHICH HOUSEHOLD MEMBER’S INCOME / STATUS IS CHANGING**

DATE	EVENTS

COMPLETE REVERSE SIDE



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CHANGE OF INCOME AND/OR STATUS FORM - Please Print

(Provide all information – failure to do so will result in this form being returned to you for completion and will delay your request.)

NAME: _____

ADDRESS: _____

MAILING ADDRESS IF DIFFERENT: _____

PHONE #: _____ WORK #: _____ OK TO CALL WORK? Yes No

Please indicate income items that have changed:

SSI/SS: \$ _____ TANF: \$ _____ Unemployment: \$ _____

Child Care: \$ _____ Wages: \$ _____ Pension: \$ _____

Child Support: \$ _____ Child Support Case No: _____

Child Support Provider/Name & Address: _____

PREVIOUS EMPLOYER

Date Last Worked: _____

Table with 3 columns: Household Member, Name of Employer, FAX, Employer Address, Gross Income (per hour/week/month), Phone.

NEW OR CURRENT EMPLOYER

Hire Date: _____

Table with 3 columns: Household Member, Name of Employer, FAX, Employer Address, Gross Income (per hour/week/month), Phone.

EXPENSES: I no longer have this expense effective: _____
 This is a new expense effective: _____

Child Care

Provider Name: _____ FAX: _____ Phone: _____
Provider Address: _____
Your Co-pay: \$ _____ Add'l out-of-pocket expense pd to provider: \$ _____

Medical Provider/Name: _____
Address: _____
FAX: _____ Phone: _____

If you have more changes to report, please attach a separate piece of paper. Sign the Release of Information.



AUTHORIZATION for the Release of Information

Homes for Good Housing Agency

Organization requesting release of information:
*Homes for Good
 100 West 13th Avenue
 Eugene OR 97401
 (541) 682-3755 FAX 682-3411*

This form cannot be used to request a copy of a tax return. Instead, use IRS form 4506, *Request for a Copy of Tax Form.*

Purpose

Homes for Good Housing Agency may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- Low-Income Rental Public Housing Rental Assistance Program (RAP)
- Section 8 Housing Assistance Payments
- Program Shelter Plus Care Program

I authorize the above-named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs and to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered Inquiries may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions, and Assets
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

Individuals Or Organizations That May Release Information:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
 - Employers, Past and Present / The Work Number website
- Internet websites
- Landlords
- Providers of:
 - Alimony
 - Child Care
 - Child Support
 - Credit
 - Handicapped Assistance
 - Medical Care
 - Pensions/Annuities
 - Schools and Colleges
 - U.S. Social Security Administration
 - U.S. Department of Veterans Affairs
 - Utility Companies
 - Welfare Agencies

Computer Matching Notice & Consent:

I agree that a Public Housing Agency or Indian Housing Agency may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The governmental agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies
- Enterprise Income Verification (EIV)
- Income related/generating Internet websites

The match will be used to verify information supplied by the family.

Conditions

I/We agree that photocopies of this authorization may be used for the purposes stated above. The original of this authorization is on file with Homes for Good and will stay in effect for a year and one month from the date signed. **If I/we do not sign this authorization, I/we understand that my/our housing assistance may be denied or terminated.**

Signatures:

 Date

 Date

 Date

 Date