

**Hampton Redevelopment and Housing Authority
Personal Declaration – Interim (Participants)**

Head of Household (Participants Legal Name):

Last:	First:	MI:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Maiden Name:		Social Security Number:	
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow

What Change Are You Reporting?

<input type="checkbox"/> Decrease in Income	<input type="checkbox"/> Increase in Income	<input type="checkbox"/> Decrease in Family Size	<input type="checkbox"/> Increase in Family Size
<input type="checkbox"/> Other:			
Please Explain Your Change:			

Are you a Family Self-Sufficiency (FSS) participant? Yes No

Are You Adding A Household Member or Deleting A Household Member? Please Circle Add or Delete and List Name:

Name:	Social Security Number:
\$	Date of Birth:

What is Your Present Address?

Street:	Apt #:	City	State	Zip Code
Phone Number:	Business Phone:	Cell Phone:		
Email Address:				

Household Members: Please list all persons that live with you. Start with yourself as the head of household, then spouse or co-head, then any other adults, and then minors (from oldest to youngest). If you have additional household members, please attach an extra sheet listing them, their Social Security, relationship to you, sex, date of birth, ethnicity H or N, U.S. Citizen Y or N, full time student Y or N and race.

Full Legal Name	Social Security Number	Relationship to Head	Sex M/F	Date of Birth	Age	Place of Birth City, State	Ethnicity: (H) Hispanic (N) Non-Hispanic	U.S. Citizen (Y) Yes (N) No	Full Time Student (Y) Yes (N) No
		Head							

Total Household Income: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Worker's



Interim Changes

The following changes are required to be reported:

- Any change in your household composition (adding or removing any member); or
- If the household last reported zero income & now has an income source.

The following changes are not a requirement but you may report them:

- A decrease in income; or
- You are enrolled in the Family Self-Sufficiency Program and request we process the increase.

To Report a Change, Complete the Attached Interim Form

- Attach proof of the change you are reporting. (Changes cannot be made without first receiving documentation provided by you.)
- You are responsible for your portion of the rent until the interim is completed.
- If you change jobs or stop working, you must provide proof you are no longer working at the old job. (You may ask your employer for a letter written on company letterhead stating your last day of employment.)

Before allowing anyone to move in, other than by birth, adoption or court awarded custody, they MUST first be approved by your technician and your landlord. (This includes getting married.) Failure to receive approval in advance could result in termination of assistance.

Failure to report the changes listed above under the heading “must be reported” in writing within 15 days may put your housing assistance at risk.

Hampton Redevelopment and Housing Authority
Personal Declaration – Interim (Participants)

Head of Household (Participants Legal Name):			
Last	First	MI	Maiden Name
		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow	
Sex: (M or F)	Social Security Number	Marital Status	

What change are you reporting?			
<input type="checkbox"/> Decrease in Income	<input type="checkbox"/> Increase in Income	<input type="checkbox"/> Decrease in Family Size	<input type="checkbox"/> Increase in Family Size

Please explain your change:

Are you a Family Self-Sufficiency (FSS) participant? Yes No

If adding household member or deleting household member list name:

Name: (Last, First, MI)	Date of Birth	Social Security #	Income of This Member
			\$
			\$

- Your change cannot be completed until all verifications are received.
- It is your responsibility to provide proof of your change.
- Please attach proof to this form. (Examples: letter of hire, benefit letter, pay stubs, termination letter.)

What is your present address?			
Current Address: Street, Apt #	City	State	Zip Code
Area Code + Home Phone	Area Code + Work Phone	Area Code + Cell Phone	Email Address

Household Members: Please list all person that live with you. Start with yourself as the head of household, then spouse or co-head, then any other adults, and then minors (from oldest to youngest). If you have additional household members, please attach an extra sheet listing them, their social security, relationship to you, sex, date of birth, ethnicity (H) Hispanic (N) Non-Hispanic, U.S. Citizen (Y) Yes or (N) No, full time student (Y) Yes or (N) No, and race.

Full Legal Name	Social Security Number	Relationship to Head	Sex (M) (F)	Date of Birth	Age	Place of Birth City, State	Ethnicity (H) Hispanic (N) Non-Hispanic	U.S. Citizen (Y) Yes (N) No	Full Time Student (Y) Yes (N) No
		Head							



Hampton Redevelopment and Housing Authority

Total Household Income: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Worker's Compensation, retirement benefits, TANF, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources.

Name of Household Member	Employer's Name Address Phone #	Total Weekly Wages	TANF	Child Support Benefits	Social Security Benefits	Un-employment Benefits	All Other Income Name Address Phone #

Does anyone outside of your household pay any of your bills or expenses? Yes No If yes, please explain:

Do you pay for child care expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much? \$	How often?
Name of Child Care Provider:		
Child Provider's Address :		
Phone Number:	Fax Number:	

Elderly Medical or Disability Assistance Expenses:

Family Member	Expense Description	Amount	Period	Annual Amount

The information above is true to the best of my knowledge and I am aware that any false statements will be grounds for termination from the program. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority in **WRITING IMMEDIATELY.**

Signature of Head of Household _____
Date

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.

1 S. Armistead Avenue, Hampton, VA 23669 Phone: 757-727-1111 TDD: 800-828-1120 FAX: 757-727-1291



Hampton Redevelopment and Housing Authority

AUTHORIZATION TO VERIFY INFORMATION

I authorize the Hampton Redevelopment and Housing Authority to request and obtain information for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. This will allow the authority to obtain consumer credit reports, police history reports, Virginia Employment Commission records, childcare records, school records, income information, and asset information to verify eligibility or continued eligibility for the Section 8 Housing Assistance Programs operated by the Hampton Redevelopment and Housing Authority.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify or you continue to qualify for the Section 8 Housing Assistance Programs or any other subsidized program operated by the Hampton Redevelopment and Housing Authority. This information will not be disclosed outside this agency except as required and permitted by law. You do not have to provide this information, but if you do not your assistance may be denied or terminated.

Applicant/Participant (Print Name)

Date

Applicant/Participant (Sign Name)

Social Security Number

Date of Birth

