Housing Authority of Queen Anne's County

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Executive Director
Mike Clark
www.qacha.org

Thirty (30) Day Change Form

Open Verification – Signature Page

I/We certify that the information contained herein is correct and complete to the best of my/our knowledge**. I/We hereby authorize** the Queen Anne's County Housing Authority (QACHA) to obtain any and all information necessary to determine my eligibility under the Housing Choice Voucher Program. **I/We understand** that such information will be kept confidential and will be used for program purposes only. This authorization is granted until expressly withdrawn, in writing, or until my participation in the Section 8 Housing Choice Voucher Program is concluded.
I/We authorize QACHA to obtain from QAC Police Department, and other law enforcement agencies, any or all criminal records that they may have on file in my name. **I/We release** the afore-mentioned agencies and their representatives from any liability arising from the release of this information.
I authorize QACHA to request verification of successful participation and completion of a drug-rehabilitation program. Furthermore, I release the entity, or its representatives of the administering drug rehabilitation program, from any liability arising from the release of this information.

Client Printed Name / Head of Household		Phone
Signature	Date of Birth	Social Security Number
Additional Required Signature	Date of Birth	Social Security Number
Additional Required Signature	Date of Birth	Social Security Number

***Warning:** Section 1001 of Title 18 of the U.S. code makes it a CRIMINAL OFFENSE to make willful false statements of misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

Privacy Act Notice

Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the Fair Housing Act (42 USC 3601-19). The Housing and Community Development Act of 1987 (42 USC 3543) requires applicants and participants to submit the Social Security Number of each household member six (6) years old or older.
Purpose: to allow HUD to determine eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities by collecting your income and other necessary information.
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. The information may be released to the appropriate federal, state or local agencies when relevant, and to civil, criminal or regulatory investigators and/or prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.
Penalty: It is mandatory to provide all of the information requested by QACHA, including all Social Security Numbers for you, and all other household members six (6) years or older have or use. Not providing Social Security Numbers for everyone, over the age of six (6) years old in your household, will affect your eligibility. Failure to provide any requested information may result in a delay or rejection of your eligibility approval.

Please initial next to each line that applies to your change(s).
Changes to family rent *will not* be processed without current documentation of the change of income and/or family composition.

Failure to provide complete verification, one of the following may take place:

- If you are reporting an increase in your income, your rent may be changed, delayed, and/or you may owe a retroactive amount.
- If you are reporting a decrease in your income, the change in your rent may be delayed.

_____ **EMPLOYMENT CHANGE**: I have attached a letter from my employer, on company letterhead, stating the date of the employment began/ended. If my employment has changed, I have attached a letter, on company letterhead, stating the change in hours and/or pay as well, or have provided two consecutive pay stubs.

_____ **TANF** (Cash Benefits Only): I have attached a printout or letter from the Division of Family & Children that is less than 30 days old.

_____ **SOCIAL SECURITY BENEFITS/SSI, VA Benefits, Pension, Retirement, and Military Pay:** I have attached a printout or letter from the appropriate source that is less than 30 days old.

_____ **UNEMPLOYMENT BENEFITS** I have attached a letter from the Maryland Workforce Exchange or provided three (3) consecutive unemployment pay stubs.

_____ **CHILD SUPPORT** I have attached a printout from the Child Support Office showing payment made for the last six (6) months.

_____ **CHILD CARE** I have attached a letter from the childcare provider which includes the following: provider name, address, telephone number, weekly rate for care, and number of hours per week child is cared for.

_____ **ADDING A CHILD:** I have attached a copy of the birth certificate, social security card, completed Declaration 214 (QACHA form), guardianship papers, and/or other court documents showing proof of custody.

_____ **ADDING AN ADULT:** *The only adult that will be considered as addition to a household is a spouse or court ordered guardianship.* I have attached copies of (i) photo ID, (ii) Social Security Card (iii) birth certificate (iv) HUD 9886 Form, (v) Open Verification Form, (vi) Declaration 214, (vii) Marriage License, as well as a letter of permission from the owner/agent.

_____ **REMOVAL OF ADULT or CHILD:** I have attached two of the following documents showing the person lives elsewhere: signed lease, utility/other bills, Post Office completed Change of Address, school enrollment papers, pay stubs, court papers, or statements from other government/social services agencies. Once an adult or child family member has been removed they will no longer be allowed to be added back on to your assistance. The only exception is by marriage, court ordered custody, adoption, or foster care.

_____ **NO LONGER RECEIVING FAMLY CONTRIBUTIONS:** A letter is needed from the client receiving the contributions stating the name and contact information for Contributor and date when contributions stopped.

_____ **CHANGE OF MORTGAGE PAYMENTS.** (HOMEOWNERSHIP PROGRAM ONLY)
I have attached a current copy of my mortgage statement.

_____ **OTHER:** _____

CURRENT INCOME / BENEFIT CHANGES

Submit 2 Changes on Form

I have experienced the following changes in income or benefits:

☐ Decrease of Income ☐ Increase of Income ☐ New Source of Income ☐ Income has Ended

Family Member with Income Change: _____

Effective Date of Change: _____ **Monthly Wage / Benefit:** $ _____

Employer/ Source of Income: _____

Employer/Source Address: _____
Street

_____
City State Zip

Phone Number: _____ **Fax Number:** _____

I have experienced the following changes in income or benefits:

☐ Decrease of Income ☐ Increase of Income ☐ New Source of Income ☐ Income has Ended

Family Member with Income Change: _____

Effective Date of Change: _____ **Monthly Wage / Benefit:** $ _____

Employer/ Source of Income: _____

Employer/Source Address: _____
Street

_____
City State Zip

Phone Number: _____ **Fax Number:** _____

CHILD CARE CHANGE FORM

Child Care Provider: _____

Address: _____
Street

_____
City State Zip

Phone Number: _____ **Date Child Care Began**: _____

Average Hours / Week: _____ **Amount Paid**: $_____

Payment Frequency: ☐ Hourly ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Amount Reimbursed by Federal, State or Local Programming: $ _____

REQUEST TO ADD FAMILY MEMBER TO HOUSEHOLD

Note: If the person(s) you are requesting to add are over the age of 18, you MUST SCHEDULE AN APPOINTMENT with your caseworker.

Last Name	First Name	Relationship	Date of Birth	Social Security #

Family Member Moved In: _____
Name Date

Family Member Moved In: _____
Name Date

REQUEST TO REMOVE FAMILY MEMBER FROM HOUSEHOLD

Note: Verification as to where the family member is living MUST be sent in with this form. This includes a copy of the lease and rent receipt for adults and verification from the court as to the whereabouts of the children.

Last Name	First Name	Relationship	Date of Birth	Social Security #

Family Member Moved Out: _____
Name Date

Family Member Moved Out _____
Name Date