

Federal regulations require that **all** families participating in subsidized housing programs report changes in their income and family composition.

Please complete the attached Request for Interim Re-Certification and provide all of the following documentation:

Verification of income

- *Two (2) months worth of pay check stubs, or a payroll history printout, current benefit award letter for non wage income such as Social Security, TANF, Pension, L & I Benefits, VA Benefits, Child Support, etc.*

Asset Verification

- *Saving, checking, stocks, bonds, property, IRA's mutual funds, annuities, trust, inheritances, settlements, etc. Please supply the last two (2) monthly bank statements.*

Full-time Student: (For students 18 years or older)

- *Current letter from the registrar or admissions officer; current and future schedule of classes; Financial Aid Award letter.*

Childcare Expense Verification

- *Last three (3) months of receipts, or a printout showing history of payments directly from the childcare provider*

Medical Expense Verification (For households in which the head or spouse is at least 62 or a person with disabilities)

- *One year printout from the pharmacy, receipts for medical visits (doctors, dentists, hospitals) for the past year that you had an out of pocket expense for/that you must make payment to, anticipated medical expenses to be paid by you within the next twelve (12) months such as insurance premiums, etc.*

All household members 18 years of age and older must sign the Interim Re-certification (change of circumstance). If you have any questions, please contact our office at (509) 586-8576.

Sincerely,
Kennewick Housing Authority

KHA POLICY STATES

Decreases in Income:

Changes must be reported by the 20th of the month for the change to be effective the first of the month following that in which the change is reported. If the decrease is reported after the 20th of the month, the decrease in tenant rent will be effective the first of the month following the upcoming month (i.e. if the change is reported July 25 then the decrease in rent will be effective September 1)

If the family share of the rent is to increase:

The increase generally will be effective on the first of the month following 30 days notice to the family. If a family fails to report a change within the required time frames, any increase family rent will be retroactive to the first day of the month following the date the misrepresentation occurred. If a family fails to provide all required information within the required time frames, the increase will be applied retroactively, to the date it would have been effective had the information been provided on a timely basis. The family will be responsible for any overpaid subsidy and may be offered a repayment agreement in accordance with the policies in Chapter 16.



REQUEST FOR INTERIM RE-CERTIFICATION

(Change of Circumstance)

Please complete in blue or black ink only!

Briefly describe the changes you are reporting:

Two horizontal lines for describing changes.

A. Head of Household Information:

Last Name First Name Middle Initial

Mailing Address:

City: State: Zip Code:

Telephone: Message Phone:

B. Household Composition:

List ALL family members who are living with you.

Table with 8 columns: Household Member Name, Relation to Head, Social Security Number, Sex M/F, Date of Birth, Disabled? Yes/No, Full Time Student? Yes/No, If Student, Name of School.

a. Are any household members listed above new additions? Yes No

**** If Yes, STOP. Please ask Reception for an Application regarding those 18 years or older. ****

C. Asset Information:

a. Does anyone in the household have a Checking, Saving, Certificate of Deposit (CD), IRA, Trust, Bond, or any other type of asset account? Yes No

If yes, please provide the following:

Table with 4 columns: Name and Address of Bank, Account Number (required), Current Balance, Monthly Income.

b. Does anyone in the household have a life insurance policy? Yes No

c. Does any household member own any real property? (Homes, mobile homes, etc.) Yes No

d. Does any household member have any assets not listed above? Yes No

D. Current Income Information:

Table with 9 columns: Family Member, Source/Type of Income (Wages, Social Security, Public Assistance, Child Support, Pension/Retirement, Unemployment, Other), Monthly Amount.





Housing Authority City of Kennewick



a. Employer #1 Name: _____ Employer Phone: _____
 Employer Address: _____

Date Employment Began: _____

b. Employer #2 Name: _____ Employer Phone: _____
 Employer Address: _____

Date Employment Began: _____

c. Child Support collected through Support Enforcement? Yes No
If yes, please provide case number: _____

d. Child Support collected directly from non custodial parent? Yes No
If yes, please provide name, address and Phone of Paying Parent:
 Name: _____ Phone: _____
 Address: _____

E. Childcare Expenses:

If you are employed or attending school and pay for child care for children under the age of thirteen (13) you may be able to receive a deduction.

Do you pay for child care expenses? Yes No. *If yes, please provide the following:*

Provider Name: _____ Phone: _____
 Provider Address: _____

Monthly Payment: \$ _____ Do you receive a subsidy for child care? Yes No

F. Medical Expenses:

If you are age 62 and older, or disabled, KHA may deduct medical expenses that are anticipated to be paid within the next twelve (12) months, that are not reimbursed by an outside source and can be verified through a third party. *(Examples include, but are not limited to, eyeglasses, dental expenses, medical insurance premiums and prescription medicine costs)*

Do you pay for any medical expenses? Yes No. *If yes, please list your regular expenses below:*

G. Certification:

Under penalty of perjury, I declare that I have completed this document to the best of my knowledge and all the information provided is true, correct, and complete. I also declare that all supporting verifications submitted with this statement are valid. I understand that any misrepresentation of information or failure to disclose information requested on this form may be grounds for termination of assistance and that obtaining rent subsidy by false information may result in legal action against me and retroactive rental subsidy repayment.

 Signature of Head of Household Date

 Co-Head/Spouse Date

 Other Adult Household Member Date

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false statements to any department of Agency within the U.S. or the Department of Housing and Urban Development



GENERAL CONSENT

I/we authorize and direct any Federal, state or local agency organization, business or individual to release the Housing Authority City of Kennewick any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under any housing programs administered by the Housing Authority City of Kennewick.

I/we understand and agree that this authorization, or the information obtained with its use, may be given to and used by HUD in administering and enforcing program rules and policies.

INFORMATION COVERED:

I/we understand that, depending on program policies and requirements, previous or current information **regarding me or my household members** may be needed. Verification and inquiries that may be requested, but are not limited to:

Identity and Marital Status	Employment, Income Assets	Medical or Child Support Allowance
Credit and Criminal Activity	Residences and Rental Activity	

I/we understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:






Previous Landlords (including Public Housing Agencies)	Welfare Agencies	State Unemployment Agencies
Schools and Colleges	Courts and Post Offices	Social Security Administration
Veterans Administration	Medical and Child Care Providers	Law Enforcement Agencies
Past and Present Employers	Support and Alimony Providers	Banks/Financials Institutions
	Credit Providers/Credit Bureaus	Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT:

I/we understand and agree that HUD or the Housing Authority City of Kennewick may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I/we understand that I/we have the right to notification of any adverse information found and a chance to disprove that information. HUD may in course of its duties exchange such automated information with other Federal, State or local agencies, including and limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Administration; and State Welfare and food stamp agencies.

CONDITIONS:

I/we agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for a year and one month from the date signed.

 _____ Head of Household Signature	_____	_____
	Print Name	Date
 _____ Spouse Signature	_____	_____
	Print Name	Date
 _____ Adult Family Member	_____	_____
	Print Name	Date
 _____ Adult Family Member	_____	_____
	Print Name	Date
 _____ Adult Family Member	_____	_____
	Print Name	Date