

Federal regulations require that **all families participating in subsidized housing programs report changes in their income and family composition. Families are required to report all changes within eight (8) business days. Housing Specialists have 60 days to process the change.**

Please complete the attached Request for Interim Re-Certification, be specific as to the change you are reporting and **provide all of the following documents for each family member 18 and older.**

If any documents listed below are missing an Interim Re-Certification is not considered complete until all documentation is received by your housing specialist. The submission date will then be changed to the day the Interim Re-Certification is complete.

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, life insurance, etc. Please provide all pages of the last two (2) monthly bank statements.*

Full/Part-Time Student Status: (For Students 18 years or older)

- *Verification of Full time/Part time student status (National Clearing House Certificate), Financial Aid Award letter, loans, scholarships, etc., Cost of Tuition, fees and charges, Current and future schedule of classes.*

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, payment arrangements, 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.



Housing Authority City of Kennewick



REQUEST FOR INTERIM RE-CERTIFICATION

(Change of Circumstance)

Change must include each adult's information. Please complete in blue or black ink only!

Briefly describe the changes you are reporting be as detailed as possible:

A. Head of Household Information:

Last Name: _____ First Name: _____ Initial: _____

Mailing Address: _____


City: _____ State: _____ Zip Code: _____

Telephone: _____ Message Phone: _____

B. Household Composition:

List ALL family members who are living with you.

Household Member Name	Relation to Head	Social Security Number	Sex M/F	Date of Birth	Disabled?		Student?		If Student, Name of School
					Yes/No	Yes/No	Yes/No	Yes/No	
	Head								

- a. Are any household members listed above **new additions**? Yes No Not Applicable
**** If **Yes**,  Please ask Reception for an Application regarding those **18 years or older**. ****
- b. Are any household members listed above students (18 or older) Yes No Not Applicable
Is the student: Full time Part time

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 Not Applicable
If yes, please provide the following:

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 Not Applicable
- c. Does any household member own any real property? (Homes, mobile homes, etc.) Yes No N/A
- d. Does any household member have any assets not listed above? Yes No Not Applicable
- e. Please list every vehicle used by the household (make, model, year, license plate):

D. Current Income Information:

Family Member	Source/Type of Income (Check one of the following):							Monthly Amount
	Wages	Social Security	Public Assistance	Child Support	Pension/Retirement	Unemployment	Other	
								\$
								\$
								\$
								\$
								\$
								\$





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: _____

Not Applicable – No adult in the household is employed

c. Child Support collected through Support Enforcement? Yes No Not Applicable
If yes, please provide case number: _____

d. Child Support collected directly from non-custodial parent? Yes No Not Applicable
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 Not Applicable

If yes, please provide the following:

Provider Name: _____ Phone: _____

Provider Address: _____

Monthly Payment: \$ _____

Do you receive a subsidy for child care? Yes No Not Applicable

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 Not Applicable

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

 Signature of Co-Head/Spouse

 Date

 Signature of 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
Courts and Post Offices | State Unemployment Agencies
Social Security Administration |
| Schools and Colleges | Medical and Child Care Providers | Law Enforcement Agencies |
| Veterans Administration | Support and Alimony Providers | Banks/Financials Institutions |
| Past and Present Employers | 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/Co-Head/Other Adult Signature	_____	_____
	Print Name	Date
_____ Adult Family Member Signature	_____	_____
	Print Name	Date
_____ Adult Family Member Signature	_____	_____
	Print Name	Date
_____ Adult Family Member Signature	_____	_____
	Print Name	Date



STUDENT ELIGIBILITY CHECKLIST

(For students 18 years and older)

Head of Household: _____

Student Name: _____ Not applicable

1. Is the student in your home 18 years or older? Yes: Go to question 2 No: STOP

2. If so what type of student is in your household?

High School Institution of Higher Education Other

Name of School/Institution of Higher Education

If other list program: GED, etc.

3. What is your/their current student status?

Part Time Student Full Time Student

4. Did you/student provide **all** of the following **required** documents:

NOTE: A higher education student or other program student **must provide all of the following documents to be classified as a student. High school students only need to provide verification of student status.**

Verification of Being a Part Time or Full Time Student (National Clearing House Cert/Letter from Registrar's office)

Financial Aid Award Letter, Loans, Scholarships, Grants, etc. for the current school year

Cost of all Tuition, Fees, Charges, Expenses, etc.

Current and Future Class Schedules for Current School Year

5. Did you/student live with a parent/guardian who receives/applying for the Housing Choice Voucher?

Yes: STOP. See **Result A** No: Go to question 6

6. Are you/the student at least 24 years of age with at least 1 dependent child?

Yes: STOP. See **Result B** No: Go to question 7

7. Does the student meet any of the following criteria?

- At least 24 years old
- Veteran
- Married
- At least 1 dependent child

Yes: STOP. See **Result C** No: Go to question 8

8. Does the student qualify as an "independent student" as provided in PHA policies?

Yes: STOP. See **Result D** No: Go to question 9

9. Do the student's parents meet income eligibility requirements for the area in which they reside?

NOTE: Follow PHA policies regarding examination of income for one or both parents.

Yes: STOP. See **Result E** No: Deny admission or terminate assistance

I declare under penalties of perjury that I am providing all required documentation and the above answers/statements are true and complete.

Student Signature

Date

Head of Household Signature

Date



Certification General Release

I, _____ declare under penalty of perjury, as head of household that I/we have completed this document to the best of my knowledge and all the information provided is true, correct, and complete. 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.

If I did fail to answer any questions or sections of the submitted documents I give the Kennewick Housing Authority (KHA) permission to contact me via phone or email (listed below) in order to complete the required documents in full. I also understand that I am responsible for contacting my housing specialist if I have any further questions.

Head of Household Signature Date

Phone Number Message Number

Email

Due to the Covid-19 pandemic Housing Specialists may be working a shortened work week. If they are in the office they will contact you within 72 hours upon submission of this document to address further questions.

FOR OFFICE USE ONLY:

Notes: _____

Contacted client on ___/___/___ at ___:___ am/pm Via: Phone/Email/Other _____

Contacted client on ___/___/___ at ___:___ am/pm Via: Phone/Email/Other _____

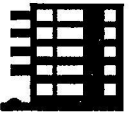
Contacted client on ___/___/___ at ___:___ am/pm Via: Phone/Email/Other _____

Contacted client on ___/___/___ at ___:___ am/pm Via: Phone/Email/Other _____

Staff Name: _____ Staff Signature: _____



Housing Authority City of Kennewick



FSS OFFER LETTER

January 9, 2024

Dear KHA Participant,

Have you heard about KHA’s Family Self Sufficiency Program (FSS)? Are you expecting a rent increase because you or someone in your household is making more money at work? Would you like the chance to save that increase toward your future financial goals?

If your rent is increasing, you can save money by enrolling in the FSS program if you sign up **TWO** months before your rent is scheduled to increase.

What is the Family Self-Sufficiency (FSS) Program?

It is a voluntary program administered by the Housing Authority City of Kennewick (KHA) that helps individuals and families become economically independent. This program helps participants who are unemployed or underemployed achieve goals that will enable them to become financially self-sufficient within five (5) years.

How Does FSS Work?

Each adult in the household voluntarily enrolls by filling out an application, meeting with the program coordinator, and signing a Contract of Participation with the KHA. The contract outlines the responsibilities of the participant and KHA to meet identified goals to achieve self-sufficiency. The participant works with the program coordinator who helps then define career goals and the available resources to achieve the goals.

What is FSS Escrow Account?

Participating families receive an interest-bearing escrow savings account that accrues as the household’s earned income increases. You are rewarded when you earn more money at work. When you, or a household member, increase your earned income (by a raise, new job or extra hours) you get to save part of your monthly rent increase! KHA will automatically deposit a part of your monthly rent increase into your FSS Savings Account. You may receive the full funds in the account upon graduating. Once the family has successfully completed his or her five-year contract and has fulfilled their goals, the escrow account is theirs to use as they wish!

Who is Eligible?

Anyone currently participating in KHA’s Section 8 Housing Choice Voucher and Public Housing Programs who wish to become independent of all welfare programs may enroll. Participant must be willing and able to work and be a KHA participant in good standing.

Are you interested in a consultation with the FSS Program Coordinator?

- Yes, I would like a consultation with the FSS Program Coordinator.
- No, I am **NOT** interested in the FSS program currently.
- I am already enrolled in the FSS Program.



Signature of KHA Program Participant

Date

Print Name of Program Participant

Last Four of Social Security Number

Remember the FSS program is a beneficial program and voluntary program. Participation does not affect your housing assistance. Let your current Housing Specialist know that you are interested in the FSS program or contact the FSS Coordinator at (509) 586-8576 x109.

Thank you for your consideration interest in KHA’s FSS Program. KHA looks forward to working with you on your path to self-sufficiency.

Sincerely,
FSS Coordinator
CC: Client file