



San Bernardino Office, 672 South Waterman Avenue, San Bernardino, CA 92408 • PHONE: (909) 890-9533 • FAX: (909) 890-5333

## DISCLOSURE OF INTERIM CHANGES

### Head of Household Information (please print)

Name:	Social Security Number:	Phone Number:
Address:		

### I am reporting the following changes:

- Change of income** (complete section 1)     Increase     Decrease
- Request to add person to household** (complete section 2)
- Remove member from household** (complete section 3)
- Name Change** (complete section 4)

### Section 1 – Member(s) with income change(s) (attach supporting documentation)

<b>Member Name:</b>	Birth Date	Social Security Number
<b>Type of Income and Monthly Amount</b> (circle Y for yes or N for no for each option) <span style="float: right;">Y / N Zero Income</span>		
Y / N TANF \$ _____	Y / N Food Stamps \$ _____	
Y / N Employment \$ _____	Y / N Unemployment \$ _____	Y / N Self Employment \$ _____
Y / N Pension \$ _____	Y / N Retirement \$ _____	Y / N Disability \$ _____
Y / N SSI \$ _____	Y / N Social Security \$ _____	Y / N Child Support \$ _____
Y / N Foster Care \$ _____	Y / N Workman's Comp \$ _____	Y / N Military \$ _____
Y / N Contributions from Other Persons \$ _____		Y / N Federal or State Training Program \$ _____
Y / N Other \$ _____ Please specify type: _____		

<b>Additional Member Name:</b>	Birth Date	Social Security Number
<b>Type of Income and Monthly Amount</b> (circle Y for yes or N for no for each option) <span style="float: right;">Y / N Zero Income</span>		
Y / N TANF \$ _____	Y / N Food Stamps \$ _____	
Y / N Employment \$ _____	Y / N Unemployment \$ _____	Y / N Self Employment \$ _____
Y / N Pension \$ _____	Y / N Retirement \$ _____	Y / N Disability \$ _____
Y / N SSI \$ _____	Y / N Social Security \$ _____	Y / N Child Support \$ _____
Y / N Foster Care \$ _____	Y / N Workman's Comp \$ _____	Y / N Military \$ _____
Y / N Contributions from Other Persons \$ _____		Y / N Federal or State Training Program \$ _____
Y / N Other \$ _____ Please specify type: _____		

**Section 2 – Person(s) I am requesting to add** (you must have **PRIOR** approval from the Housing Authority before allowing any person to move into the home. Attach birth certificate, social security card, photo identification, court-awarded custody, marriage certificate and income verification identifying the type of income the household will receive if person is approved to be added to the home)

<b>Name:</b>			Birth Date	Sex M / F	Relation	Full Time Student Y / N
Citizen Y / N	Disabled Y / N	Social Security Number	Alien Registration Number		Race/Ethnicity	
If minor, how is minor related to household? (birth, court-awarded custody, etc.) _____ Estimated time frame child has been released to your care? _____ (court awarded custody required)						
If adult, how is adult related to household? (marriage, stable relationship, etc.) _____						
Has this person ever received assistance from a federally subsidized housing program?						YES NO
Agency name: _____ Address & Phone: _____						
Does this person owe any money to a federally subsidized housing program?						YES NO
Agency name: _____ Address & Phone: _____						
<b>Type of Income and Monthly Amount</b> (circle Y for yes or N for no for each option)						Y / N Zero Income
Y / N TANF \$ _____	Y / N Food Stamps \$ _____					
Y / N Employment \$ _____	Y / N Unemployment \$ _____	Y / N Self Employment \$ _____				
Y / N Pension \$ _____	Y / N Retirement \$ _____	Y / N Disability \$ _____				
Y / N SSI \$ _____	Y / N Social Security \$ _____	Y / N Child Support \$ _____				
Y / N Foster Care \$ _____	Y / N Workman's Comp \$ _____	Y / N Military \$ _____				
Y / N Contributions from Other Persons \$ _____	Y / N Federal or State Training Program \$ _____					
Y / N Other \$ _____	Please specify type: _____					

<b>Additional Name:</b>			Birth Date	Sex M / F	Relation	Full Time Student Y / N
Citizen Y / N	Disabled Y / N	Social Security Number	Alien Registration Number		Race/Ethnicity	
If minor, how is minor related to household? (birth, court-awarded custody, etc.) _____ Estimated time frame child has been released to your care? _____ (court awarded custody required)						
If adult, how is adult related to household? (marriage, stable relationship, etc.) _____						
Has this person ever received assistance from a federally subsidized housing program?						YES NO
Agency name: _____ Address & Phone: _____						
Does this person owe any money to a federally subsidized housing program?						YES NO
Agency name: _____ Address & Phone: _____						
<b>Type of Income and Monthly Amount</b> (circle Y for yes or N for no for each option)						Y / N Zero Income
Y / N TANF \$ _____	Y / N Food Stamps \$ _____					
Y / N Employment \$ _____	Y / N Unemployment \$ _____	Y / N Self Employment \$ _____				
Y / N Pension \$ _____	Y / N Retirement \$ _____	Y / N Disability \$ _____				
Y / N SSI \$ _____	Y / N Social Security \$ _____	Y / N Child Support \$ _____				
Y / N Foster Care \$ _____	Y / N Workman's Comp \$ _____	Y / N Military \$ _____				
Y / N Contributions from Other Persons \$ _____	Y / N Federal or State Training Program \$ _____					
Y / N Other \$ _____	Please specify type: _____					

**Section 3 – Member(s) I am requesting to remove** (attach proof of new residence, death certificate, etc.)

<b>Member Name:</b>	Birth Date	Social Security Number
Reason family member removed (if removed due to criminal activity, provide court documentation):		
New Address:		

<b>Additional Member Name:</b>	Birth Date	Social Security Number
Reason family member removed (if removed due to criminal activity, provide court documentation):		
New Address:		

**Section 4 – Member with Name Change** (attach proof of name change, social security card photo identification, marriage certificate, etc.)

<b>Current Name Listed with HACSB:</b> (print full name)	Social Security Number
<b>Legal Name Change:</b> (print full name)	Birth Date
Reason for name change:	

**OTHER INFORMATION I WOULD LIKE TO DISCLOSE/REPORT:**

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**Criminal Background Policy:** The Housing Authority encourages all persons in need of housing assistance to apply to our available housing programs. The Housing Authority will run a criminal background check when your application is processed for eligibility, Each person’s criminal record is reviewed for policy compliance, however HACSB makes every effort to provide access to its housing programs. Consideration of circumstances and evidence of good faith efforts to address past criminal history will be taken into account on a case by case basis. If you have anything on your criminal record, we strongly encourage you to provide documentation for consideration of circumstances as quickly as possible; such documentation may include but is not limited to: current enrollment in educational/training courses, volunteer work, current employment, waiver of court fines or judgments, letter from probation/parole officer, evidence of participation in rehabilitation courses, compliance with court orders. Providing this documentation will not result in automatic approval for assistance, but will allow the Housing Authority to give due consideration to your circumstances.

**Background Information (this relates to current and new household members)**

Has any adult household member ever been arrested, charged or convicted of ANY crime?	YES	NO
Name of household member(s): _____		
List background information in detail including dates: _____		
Has any household member under the age of 18 ever been arrested, charged or convicted of ANY crime?	YES	NO
Name of household member(s): _____		
List background information in detail including dates: _____		
Is ANY household member subject to registration as a sex offender in any state?	YES	NO
Name of household member(s): _____		
List state(s) requiring registration: _____		

**ACKNOWLEDGMENT AND CERTIFICATION:**

I/We understand that:

- I will be required to provide the Housing Authority of the County of San Bernardino (HACSB) with verification to support the claims I/We have made on this document.
- Knowingly supplying false, incomplete, or inaccurate information is grounds for termination of assistance from the housing program and prosecution for fraud through the court system or HUD’s Office of the Inspector General (OIG).
- The information I/we supply to the HACSB , including benefit and income information for all persons in the household, will be matched against Federal, State, and local agencies for accuracy.
- It is my/our responsibility to notify the HACSB, in writing, of any change of income and/or family composition within ten (10) business days of such change.
- I/We must obtain approval from the HACSB prior to adding any person(s) to the household.
- I/We understand the HACSB and its designated agents and representatives will conduct a criminal history background for each adult household member.
- I/We understand my/our housing assistance will be terminated if the criminal history background results if any member of my household does not meet HACSB screening.
- Approval for the housing program is contingent upon the outcome of the HACSB criminal background check for all persons in the household eighteen (18) years of age or older.
- I/We understand that the use of my/our address by anyone other than approved household members may be grounds for an investigation of unauthorized person(s) in my/our home.
- I/We understand that all household members 18 years and older must sign and acknowledge all rules and obligations in order to participate in any HACSB programs.

Signature of Head of Household	Date	Signature of Co-Head/Other Adult	Date
Signature of Other Adult	Date	Signature of Other Adult	Date

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I declare under penalty of perjury that I prepared this application at the request of the above person. The Answers provided are based on the information of which I have personal knowledge and/or were provided to me by the above named person in response to the exact questions contained on this form.

If someone other than the head of household completed this form, please complete the information below:				
Printed Name	Signature	Date	Firm or Organization Name	
Daytime Phone Number	Address	City	State	Zip Code

**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. Making false statements is a felony under California State Law (Penal Code Sections: 115, 118, 487 and 532) and may result in criminal charges including Perjury, Grand Theft, Filing False Documents with a Public Office and Obtaining Money Under False Pretenses.

**Authorization for the Release of Information/ U.S. Department of Housing  
Privacy Act Notice and Urban Development  
to the U.S. Department of Housing and Urban Office of Public and Indian Housing  
Development (HUD) and the Housing Agency/Authority  
(HA)**

<p>PHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)</p> <p>Housing Authority of the County of San Bernardino San Bernardino Office 672 South Waterman Avenue, CA 08/21/2017</p>	<p>IHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)</p>
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<p><b>Authority:</b> Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C 3544.</p> <p>This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.</p> <p><b>Purpose:</b> In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.</p> <p><b>Uses of Information to be Obtained:</b> HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.</p> <p><b>Who Must Sign the Consent Form:</b> Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.</p> <p>Persons who apply for or receive assistance under the following programs are required to sign this consent form:</p>	<p>PHA-owned rental public housing Turnkey III Homeownership Opportunities Mutual Help Homeownership Opportunity Section 23 and 19(c) leased housing Section 23 Housing Assistance Payments HA-owned rental Indian housing Section 8 Rental Certificate Section 8 Rental Voucher Section 8 Moderate Rehabilitation</p> <p><b>Failure to Sign Consent Form:</b> Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.</p> <p><b>Sources of Information to be Obtained</b></p> <p>State Wage information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)</p> <p>U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as reference at Section 6103(1)(7)(A) of the Internal Revenue Code.)</p> <p>U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)</p> <p>Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.</p>
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