



CHATTANOOGA HOUSING AUTHORITY HOUSING CHOICE VOUCHER PROGRAM

801 N. Holtzclaw Ave. Chattanooga, TN 37404

Phone #: (423) 752-4893

Email: interims@chahousing.org

CHANGE OF INCOME

Date: _____

Head Household Name: _____

Head Household SSN: _____ Head Household Phone #: _____

Email address that we may use to contact you: _____

CHECK ONE:

- Current Participant
- New Applicant

I AM REQUESTING THE FOLLOWING CHANGES LISTED BELOW

NEW JOB: (YOU MUST provide us with a statement from employer stating average weekly hours, pay rate, & pay frequency-how often paid. This statement must be on the employer's company letterhead. See The Work Number note below.)

Name of Employer: _____

Name of Family Member with NEW Job: _____

Employer Address: _____

Employer Phone #: _____ Employer Fax #: _____

LOST MY JOB: (YOU MUST provide us with separation notice from your employer)

Name of Employer: _____

Name of Family Member who LOST Job: _____

Employer Address: _____

Employer Phone #: _____ Employer Fax #: _____

I'M STILL AT MY CURRENT JOB, Employer Name: _____

but need to report: (YOU MUST provide us with 6 consecutive weeks of paystubs to reflect new hours or pay. If leave of absence - we will need a statement from your employer to tell us if you will get any pay while on leave, how much you'll be paid, & how often.)

- Increase Hours\Pay - \$ _____
- Decrease Hours\Pay - \$ _____
- Leave of Absence Are you on Paid Leave YES NO
If Yes, How Much \$ _____ How Often _____

NOTE:

- We do not access **THE WORK NUMBER**; therefore **you must** supply us with 6 weeks of payroll information provided by The Work Number. www.theworknumber.com

Cont'd...

- If you are reporting a new job and were previously working somewhere else and did not notify us, **you must** provide a separation notice and **Fill out the Lost My Job Section!**
- If you have a **SEASONAL** job, please be aware that we will not remove your income but instead adjust your income based on the actual weeks you work in a year.
(Examples – Hamilton County Dept of Education, Durham Bus Service, Life Touch)

OTHER INCOME: (YOU MUST provide us with supporting documentation)

Do Not Mark, if you're NOT requesting changes !

	NEW	NO LONGER RECEIVING	INCREASE	DECREASE
CHECK BOXES BELOW ONLY ON CHANGES YOUR REPORTING				
Child Support Case # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability from Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Grants \ Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families First (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension \ Retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Employment \ ODD Jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Benefits \ Military Allotment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – List: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note:

- Child Support – If not TN case, then you must provide us with a 6 month printout from the other state agency.
- Self-Employment – you must fill out Self-Employment Form (see front receptionist)

CHILD CARE: Just Started Paying No Longer Paying

Name of Childcare Provider: _____

Child's Name: _____

Provider Address: _____

Provider Phone #: _____ **Fax #:** _____

FAMILY CONTRIBUTIONS \ GIFTS: Just Started No Longer Receiving
(You must fill out a Family Contribution Form, see front receptionist.)

Name of Contributor: _____ **Phone #:** _____

Address: _____

I hereby certify that the changes noted above are true and complete.

Head of Household SIGNATURE

DATE

“Failure to supply all required information & documentation will result in a delay in processing your RENT change.”

REPORTING RESPONSIBILITIES: I understand that false statements and misrepresentations are punishable under federal law (Section 1001, Title 18, US code). I also understand that incomplete, incorrect or false information or failure to report changes in income of my household *within 10 days of occurrence* will make me liable for reimbursement to the Chattanooga Housing Authority for payments made on my behalf in excess of authorized amounts and are grounds for denial or termination of housing assistance or termination of tenancy.

Notice of Third Party & EIV Verifications

Please be advised that **CHA** will process **Third Party and EIV Verifications** of all household members in order to make the most accurate determination of the assistance entitled to you as a participant of the Housing Choice Voucher Program. The **CHA** will use every means of verification information available. Also **HUD** will provide the **CHA** with any income discrepancies that that may have been reported or not reported to the **Chattanooga Housing Authority** and that may differ from the income amounts reported by employers or benefit providers. This information is provided from the HUD EIV Internet Database.

Federal Privacy Act Statement

The United States Department of Housing and Urban Development (HUD) is authorized by the US Housing Act of 1974 (42 USC 1437 et deq), Title VI of the Civil Rights Act of 1964 (42 USC 2000d), and by the Fair Housing Act (42 USC 3601-19) to collect information about participants in the Housing Choice Voucher Program. The Housing and Community Development Act of 1987 (42 USC 3543) requires participants to submit the social security number of each household member.

Your income and other information are being collected by the PHA and HUD to determine your continued eligibility, the appropriate bedroom size and the amount your family will pay toward rent and utilities. 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. This information may be released to appropriate federal, state and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

You must provide all of the information requested by the PHA, including social security numbers of all household members. Providing social security numbers of all household members is mandatory, and not providing them will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility. Failure to disclose any information constitutes grounds for denying eligibility or continuing eligibility pursuant to Title 24 of the Code of Federal Regulations.

By signing below I have read and understand the above notices!

Signature of Head of Household	Date	Signature of Other Adult	Date
Signature of Other Adult	Date	Signature of Other Adult	Date

CHATTANOOGA HOUSING AUTHORITY

MAILING ADDRESS
P.O. BOX 1486
CHATTANOOGA, TN 37401

Phone (423)752-4893



801 N. HOLTZCLAW AVENUE
CHATTANOOGA, TN 37404
www.chahousing.org

BETSY MCCRIGHT
EXECUTIVE DIRECTOR

Verification Release of Information

I authorize the Chattanooga Housing Authority to verify the following information. I understand that this will allow the Chattanooga Housing Authority the ability to verify with all sources via third party.

Families First and Food Stamps
Social Security/SWICA/Unemployment Benefits
Assets/ Banking Accounts/ Life Insurance/Retirement Accounts/Pension/Annuities
401k/Trust/ Stocks/Real Estate/Certificate of Deposit/IRA/Money Market Accounts
Employment
Family Contributions
Self-Employment
Worker's Compensation
Child Support (Court ordered or Non-Court Ordered)
Veterans Administration Benefits
Short/Long Term Disability
Leave of Absence
Disability Verification
Foster Child Income
Status of Full Time Student
Financial Aid Awards/Grants
Work Study
Stipends
Anticipated or Past Medical Expenses
Child Care Expenses
Other Income & Asset Sources

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the CHA to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

_____ Signature of Head of Household	_____ Date	_____ Signature of Other Adult	_____ Date
_____ Signature of Other Adult	_____ Date	_____ Signature of Other Adult	_____ Date