



# CHATTANOOGA HOUSING AUTHORITY HOUSING CHOICE VOUCHER PROGRAM

**Address:** 801 N. Holtzclaw Ave. Chattanooga, TN 37404

**Phone #:** (423) 752-4893 [www.chahousing.org](http://www.chahousing.org)

**Email:** [chilton@chahousing.org](mailto:chilton@chahousing.org)

## CHANGE OF FAMILY COMPOSITION

Date: \_\_\_\_\_

Head Household Name: \_\_\_\_\_

Head Household SSN: \_\_\_\_\_ Head Household Phone #: \_\_\_\_\_

Email address that we may choose to contact you: \_\_\_\_\_

### CHECK ONE:

- Current Participant
- New Applicant

### I AM REPORTING THE FOLLOWING CHANGES LISTED BELOW

I am **ADDING** someone to my household:

	Name:	SS#:	Date of Birth:	Relation:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**All new adult household members must sign attached forms; where applicable.**

Date you notified your landlord of new household member(s): \_\_\_\_\_

Landlord approval must be done before adding new household members.

**Does any new household member have income or assets? Yes \_\_\_\_ No \_\_\_\_**

**If so, you must fill out an income change form. (see front desk receptionist)**

Note:

- If you are adding a live-in-aide, you will have to qualify as a person with a disability and you will need to complete a Reasonable Accommodation Request form.
- You must provide birth certificate, social security card, and fill out citizenship form (see front desk receptionist) for all members you are adding to your household. (listed above) Photo ID must be provided for anyone 18 and older!
- If you are adding a dependent (under 18) and you are not the legal guardian, you have to provide us with legal documentation showing that you have custody of the minor child.
- A background check will be conducted on anyone who is 16 years of age or older.

**Sign Back Page**

I am **REMOVING** someone from my household:

<b>Name:</b>	<b>SS#:</b>	<b>Reason for Removal:</b>
1. _____		
2. _____		
3. _____		
4. _____		

Note:

- If you are removing an adult, you **must** provide proof of their new address. Examples – new lease agreement, driver’s license, paystubs, or bills showing their name & new address!

**Name Change Request:**

<b>Old Name:</b>	<b>New Name:</b>	<b>Reason for Change:</b>
1. _____		
2. _____		
3. _____		

Note:

- You must provide us with a new social security card from the Social Security Administration showing the new name. We cannot make changes without the new card.

**My Phone Number has changed:**

<b>Old Number:</b>	<b>New Number:</b>
(Home) _____	
(Cell) _____	
(Work) _____	

**“Failure to supply all required information & documentation will result in a delay in processing your 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 family composition 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. Also if any member being added to my household has income or assets from any source I am responsible for reporting them to CHA as well. (See Income Change Form)

**By signing below, I have read and understand the above notice.**

\_\_\_\_\_  
**Head of Household SIGNATURE**

\_\_\_\_\_  
**DATE**

**Consent for Criminal History \ Background Check**

This is to notify you that as part of the screening process for continued participation in the Housing Choice Voucher Program, the **Chattanooga Housing Authority (CHA)** will obtain criminal offender information from the **Chattanooga Police Department and Hamilton County Sheriff's Department** for each participant, including each prospective household member **age (16) and older**. The **CHA** may also access NCIC records for this purpose, in accordance with the CHA's Admissions and Continued Occupancy Policy and Admin Plan.

This will provide the **CHA** with any and all information relative to any criminal convictions, both felonies and misdemeanors, regardless of when the conviction occurred, and any and all information relative to any criminal charges which are currently pending before the courts of Tennessee or any jurisdiction, including the federal courts, or calls for service requiring police intervention. The **CHA** shall use this information related to violent criminal activity and/or drug related criminal activity only for the purpose of evaluating eligibility.

**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

## HOUSING HISTORY

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1. Have you or any other family member who resides with you ever been evicted from Public Housing?    ( ) **Yes**    ( ) **No**

a. If **Yes**, List Name of Family Member Evicted: \_\_\_\_\_

b. Was this person the **Head of Household**?    ( ) **Yes**    ( ) **No**

Housing Authority from which Evicted: \_\_\_\_\_

Housing Authority's Phone Number: \_\_\_\_\_

2. Has any **Housing Authority ever Terminated Assistance** for you or any other family member who resides with you under a Voucher Program?    ( ) **Yes**    ( ) **No**

a. If **Yes**, List Name of Family Member Evicted: \_\_\_\_\_

Housing Authority that Terminated Assistance: \_\_\_\_\_

Housing Authority's Phone Number: \_\_\_\_\_

3. Have you or any other family member who resides with you ever been **Arrested, Committed Fraud, Bribery, or any other Corrupt or Criminal Act**?    ( ) **Yes**    ( ) **No**

a. If **Yes**, List Name of Family Member: \_\_\_\_\_

b. **Explain** - \_\_\_\_\_

4. Have you or any other family member who resides with you ever been arrested for **Violent Criminal or Drug-Related Activity**?    ( ) **Yes**    ( ) **No**

a. If **Yes**, List Name of Family Member: \_\_\_\_\_

b. **Explain** - \_\_\_\_\_

c. **Date of Arrest**: \_\_\_\_\_

d. **Arresting Agency**: \_\_\_\_\_

e. **List of Charges**: \_\_\_\_\_

5. Do you or any other family member who resides with you currently owe money to any other **Section 8 or Public Housing Program**?    ( ) **Yes**    ( ) **No**

a. If **Yes**, List Name of Family Member who owes: \_\_\_\_\_

b. Housing Authority Assistance Program Involved:

c. **Check One** - ( ) Section 8    ( ) Public Housing    ( ) Other, List: \_\_\_\_\_

d. Housing Authority's Phone Number: \_\_\_\_\_

**By signing below, I hereby certify that I have answered the above questions as accurately as possible and I understand that false statements and misrepresentations are punishable under federal law (Section 1001, Title 18, US code).**

\_\_\_\_\_  
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

## DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

(Print Household Member Name) \_\_\_\_\_

I, certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, naturalized citizen or national of the United States.

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # \_\_\_\_\_ Date \_\_\_\_\_

**Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.**

[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

**Eligible immigration status and 62 years of age or older:** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

**Immigrant status under 101(a)(15) or 101(a)(20) of INA:** A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

**Permanent residence under 249 of INA:** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

**Refugee, asylum or conditional entry status under 207, 208 or 203 of INA:** A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

**Parole status under 212(d)(5) of INA:** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

**Threat to life or freedom under 245(a) of INA:** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

**Amnesty under 245(a) of the INA:** A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

**Instructions to Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

**Instructions to Family Member for Completing Form:** On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.