The Housing Authority of the City of Bessemer

# Interim Change Notice

**I understand it is my responsibility to report <u>all</u> new income, changes in income. or my household composition within ten (10) business days.**

**Select change below:**

☐New Job
☐Loss of Employment
☐Return to work (from temporary leave)
☐Increase/decrease in hours (of 30 days or more)
☐Increase/Decrease in Rate of Pay
☐Change in Child Support

☐TANF (add, remove, amount change) **circle one**
☐Alimony/ Spousal Support
☐Retirement/Pension
☐Add SSI, SS, VA, etc.
☐Reduction in SSI, SS, VA

☐Increase in SSI, SS, VA
☐Add or Remove individual from Household

☐Meical Leave (if 30 days or more)
☐Unemployment (new, remove, reduced) **circle one**
☐Worker's Compensation
☐Other:
_____
_____

I certify that the information given to the Housing Authority of the City of Bessemer, Alabama, on household income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief.

I understand that false statements or information is considered fraud and is punishable under Federal Law and State of Alabama Law 24-1-10.

I also understand that false statements or information and failure to report <u>all</u> income is grounds for termination of housing assistance and termination of my/our lease.
The Housing Authority now has the capability to verify the income of residents from any wage source, the Social Security Administration, State of Alabama unemployment benefits and child support.

I _____ consent to allow HUD or the HA to request and obtain income information or materials which are deemed necessary to complete and verify my application for participation and/or to maintain my continued assistance under the Section 8 Housing Assistance Program, Section 8 Voucher Program and/or Low Income Housing Programs. The information needed may include verification or inquiries regarding my identity, household members, employment and income, assets, allowances or preferences I have claimed and residency. These organizations are to include, but not limited to financial institutions; past or present employer; educational institutions; Social Security Administration; welfare and food stamp agencies; Veterans Administration; court clerks; utility companies; Workmen's Compensation Payers; public and private retirement systems; law enforcement agencies; medical facilities and credit providers

**Name (Print)** **Address** **City/State/Zip Code**

**Social Security Number** **Phone Number** **Email Address**

**Signature** **Date**