

Update Forms

Recertification/Rent Change Form

Income

Update Form

RECERTIFICATION / RENT CHANGE INTERVIEW

DATE: _____

NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

CURRENT HOUSEHOLD MEMEBERS:

FIRST, MIDDLE, & LAST NAME	RELATIONSHIP TO HEAD	SEX	AGE



VERIFICATION	MAILED	RECEIVED
AFDC		
WAGES		
CHILD SUPPORT VERI		
CHILD SUPPORT VERI		
CHILD SUPPORT VERI		
CHILD SUPPORT AFFIDAVIT		
CHILD SUPPORT AFFIDIAVIT		
CHILD SUPPORT AFFIDAVIT		
CHILDCARE		
VA / SSA / SSI / PENSION		
UNEMPLOYMENT		
EMPLOYMENT TERMINATION		
OTHER INCOME		
MEDICAL		
BIRTH CERTIFICATES / SS CARDS		

**** ALL QUESTIONS MUST BE ANSWERED BY HEAD OF HOUSEHOLD AND BY ANYONE IN HOUSEHOLD WHO IS 18 OR OVER.****

DO YOU CURRENTLY RECEIVE AFDC? _____

IF YES, HOW MUCH? _____

IF NO, HAVE YOU RECENTLY APPLIED OR DO YOU PLAN TO APPLY FOR AFDC? _____

ARE YOU EMPLOYED? _____

ARE YOU EMPLOYED THROUGH A TEMPORARY AGENCY? _____

NAME OF EMPLOYER / TEMPORARY AGENCY: _____

DATE STARTED WORK: _____

SUPERVISOR / CONTACT PERSON: _____

PAID: WEEKLY BI-WEEKLY OTHER (EXPLAIN) _____

WAGES PER HOUR: _____ HOURS WORKED PER PAY PERIOD _____

DAYS AND HOURS WORK: _____

DO YOU RECEIVE TIPS? _____ IF YES, HOW MUCH PER PAY PERIOD? _____

DO YOU HAVE EXPENSES FOR CHILD CARE OF A CHILD 12 OR UNDER? _____

TO WHOM DO YOU PAY CHILDCARE? _____

PAY \$ _____ PER _____ FOR CHILDCARE.

PAY CHILDCARE FOR: _____

DO YOU OR ANYONE LISTED ON THIS FORM RECEIVE SOCIAL SECURITY, SSI, VA, OR ANY PENSIONS? _____

NAME OF FAMILY MEMBER RECEIVING	WHY RECEIVED?	SSI, SSA, OTHER	AMOUNT

HAVE YOU OR ANYONE LISTED APPLIED TO RECEIVE ANY OF THE ABOVE BENEFITS? _____

MEDICAL DEDUCTIONS:

PHARMACY	
MEDICAL DR.	
EYES	
DENTAL	
HEARING AIDS	
HEALTH INS.	
MEDICARE	
OUTSTANDING	
MEDICAL BILLS	

DO YOU RECEIVE UNEMPLOYMENT? _____

IF YES, HOW MUCH? _____

IF NO, HAVE YOU RECENTLY APPLIED? _____

IF NO, DO YOU PLAN TO APPLY IN THE NEAR FUTURE? _____

DO YOU HAVE ANY OTHER INCOME? _____

DO YOU RECEIVE FINANCIAL ASSISTANCE FROM FAMILY OR FRIENDS? _____

IF YES, LIST THE PERSON AND AMOUNT _____

IF THIS IS A RENT CHANGE, LIST REASON: _____

COMMENTS: _____

I, _____, DO HEREBY STATE THAT ALL INFORMATION PROVIDED IS TRUE AND ACCURATE, AND THAT ALL INCOME FOR ALL HOUSHOLD MEMBERS HAS BEEN REPORTED.

SIGNATURE

DATE

I, _____, UNDERSTAND THAT IT IS MANDATORY TO PROVIDE ALL CHECK STUBS. I UNDERSTAND THAT I MUST BE ABLE TO PROVIDE AT LEAST THE PAST 12 CONSECUTIVE CHECK STUBS. I UNDERSTAND THAT I MUST BE ABLE TO PROVIDE THIS VERIFICATION OF INCOME AT ANY TIME THE HAH REQUESTS THE INFORMATION.

I, _____, DO HEREBY STATE THAT I UNDERSTAND THAT IF I HAVE REQUESTED A RENT DECREASE, THE DECREASE IN INCOME HAS TO LAST FOR THIRTY DAYS. AT THE END OF THE THIRTY DAYS THE HOUSING AUTHORITY WILL THEN COMPLETE THE RENT CHANGE AND WILL RETRO THE EFF. DATE OF THE CHANGE AS NECESSARY.

I, _____, DO HEREBY STATE THAT I UNDERSTAND THAT ANY RENT CHANGE OR RECERT CAN'T BE COMPLETED UNTIL ALL PAPERWORK IS RECEIVED. I UNDERSTAND THAT IF I HAVE NOT PROVIDED ALL INFORMATION REQUESTED THAT I WILL BE RESPONSIBLE FOR PAYING FULL RENT UNTIL ALL INFORMATION NECESSARY IS RECEIVED.

SIGNATURE

DATE

**HOUSING AUTHORITY OF HARTSVILLE
POST OFFICE DRAWER 1678
HARTSVILLE, SOUTH CAROLINA 29551**

I, DO HEREBY STATE THAT THE INCOME LISTED BELOW IS ALL THE INCOME, FOR MYSELF AND OTHERS IN MY HOUSEHOLD.

AFDC _____

SSA _____

CHILD SUPPORT _____

SSI _____

UNEMPLOYMENT _____

VA _____

WORKMEN COMP _____

PENSIONS _____

WAGES _____

HRS. X 24 26 52 WEEKS

TIPS _____

WAGES (SALARY) _____ MONTHLY BI-MONTHLY SEMI-MONTHLY

EMPLOYER _____

OTHER _____

BY SIGNING THIS DOCUMENT, I CERTIFY THAT I HAVE REPORTED TO THE HOUSING AUTHORITY OF HARTSVILLE ANY AND ALL INCOME THAT HAS BEEN RECEIVED DURING THE LAST TWELVE (12) MONTHS, WHICH INCLUDES CURRENT INCOME.

SIGNATURE

WITNESS

DATE

**HOUSING AUTHORITY OF HARTSVILLE
POST OFFICE DRAWER 1678
HARTSVILLE, SOUTH CAROLINA 29551**

I, _____, HAVE BEEN INFORMED BY THE HOUSING AUTHORITY OF HARTSVILLE THAT I MUST REPORT ANY AND ALL CHANGES IN INCOME OR FAMILY SIZE THAT OCCUR, FOR MYSELF OR FOR OTHERS, IN MY HOUSEHOLD. THESE CHANGES MUST BE REPORTED TO THE HOUSING AUTHORITY WITHIN 10 CALENDAR DAYS FROM THE DATE THAT THE CHANGE TAKES PLACE.

FAILURE TO REPORT THESE CHANGES COULD RESULT IN LOSING MY ASSISTANCE AND IN REFERRAL OF THE MATTER FOR INVESTIGATION AND BEING ACCUSED OF A FEDERAL CRIME.

SIGNATURE

WITNESS

DATE