

# INTERIM REEXAMINATION FORM

*Changes will become effective after receipt of a request and all required support documentation.*

Name of Head of Household (print): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Type of Changes:** *Check all that apply*

Household Members		Assets		Income		Childcare		Medical	
<input type="checkbox"/>	Add	<input type="checkbox"/>	Add	<input type="checkbox"/>	Add	<input type="checkbox"/>	Add	<input type="checkbox"/>	Add
<input type="checkbox"/>	Remove	<input type="checkbox"/>	Remove	<input type="checkbox"/>	Remove	<input type="checkbox"/>	Remove	<input type="checkbox"/>	Remove
				<input type="checkbox"/>	Increase	<input type="checkbox"/>	Increase	<input type="checkbox"/>	Increase
				<input type="checkbox"/>	Decrease	<input type="checkbox"/>	Decrease	<input type="checkbox"/>	Decrease

**Earned Income:**

*Complete only if you are adding or removing income / Provide 4 check stubs or a written statement from employer*

Person With Income	Employers Name	Employers Mailing Address	City, State, Zip Code	Phone # Fax # Email	Amount Paid	How Often Paid	Hours per week

**Supplemental Benefits:** *(Check all that apply)*

*Complete only if adding or removing benefits / Provide current award letter no more than 60 days old*

<input type="checkbox"/>	TANF	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	Retirement / Pension	<input type="checkbox"/>	Self-Employment
<input type="checkbox"/>	Social Security / SSI	<input type="checkbox"/>	Contributions	<input type="checkbox"/>	Workers Compensation	<input type="checkbox"/>	Unemployment
<input type="checkbox"/>	Other:						

Person Receiving Benefits: \_\_\_\_\_

**Household Composition:**

*Complete only if adding or removing persons from the assisted household*

*When adding household member provide Birth Certificate, Social Security card, Photo ID, Marriage License*

Household Member Name	D.O. B.	Relationship	Age	Social Security #	Disabled (yes or no)	Race	Hispanic (yes or no)

**Child Care:**

*Provide Statement from Child Care Provider*

Provider Name:	Address:
Contact Number:	Email:
Amount Paid (week, bi-weekly, monthly):	Name of Children Cared For:

**I certify that all the information provided herein is true, complete and correct.**

Name of Head of Household (print) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

**WARNING:** Title 18, Section 1001 of the United States Code, state 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.

<b>Official Use Only:</b>	<b>H.S.</b>	<b>Tenant ID #:</b>	<b>Effective Date:</b>
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# Authorization for the Release of Information/Tenant

Tenant ID

PHA Requesting release of information:

## Arlington Housing Authority

501 W. Sanford Street, Suite 20  
Arlington, Texas 76011

**Authority:** 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request information from including but not limited to: identity and marital status, employment income, welfare income, assets, residencees and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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.

**Uses of Information to be obtained:** 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.

**Who Must Sign the Consent Form:** 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.

**Failure to Sign Consent Form:** 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 information hearing procedures.

**Sources of Information:** The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies

**Consent:** I consent to allow HUD or the HA to request and obtain income information from any Federal, State or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date	Social Security Number (if any) Head of Household	
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Penalties for Misusing this Consent:** HUD, the HA, and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.