



1935 North Meridian Street
Indianapolis, IN 46202
Phone: (317) 261-7200 Fax: (317) 261-7265

30 DAY CHANGE FORM

OPEN VERIFICATION - SIGNATURE PAGE

I/We certify that the information contained herein is **correct** and **complete** to the best of my/our knowledge. I hereby **authorize** the Indianapolis Housing Agency (IHA) to obtain any and all information necessary to determine my eligibility under the Housing Choice Voucher Program. I **understand** that such information will be kept confidential and will be used only for program purposes. This authorization is **granted until expressly withdrawn** in writing or my participation in the Section 8 Housing Choice Voucher Program is concluded. I further **authorize IHA to obtain** from the Indianapolis Police Department and other law enforcement agencies any or all criminal records that they may have on file in my name and release the above noted agencies and their employees thereof from any liability arising from the release of this information. I also **authorize the Indianapolis Housing Agency to request** verification of successful participation, and completion, of a drug-rehabilitation program. Furthermore, I **release** the entity administering the drug-rehabilitation program and its employees thereof from any liability arising from the release of this information.

Printed Name of Client/Head of Household	Phone Number
Signature	Date of Birth
SSN	Date
Additional Required Adult Signature	SSN
Additional Required Adult Signature	SSN

***WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a **CRIMINAL OFFENSE** to make willful false statements of misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

Privacy Act Notice

Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the Fair Housing Act (42 U S C 3601-19). The Housing and Community Development Act of 1987 (42 UAC 3543) requires applicants and participants to submit the Social Security Number of each household member who is six (6) years old or older.

Purpose: To allow HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities by collecting your income and any other necessary information.

Other Uses: 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. The information may be released to the 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.

Penalty: You must provide all of the information requested by the IHA, including all Social Security Numbers you, and all other household members aged six (6) years or older have or use. Giving the Social Security Numbers of all household members six (6) years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection or your eligibility approval.



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- **PLEASE INITIAL NEXT TO EACH LINE THAT APPLIES TO YOUR CHANGE(S)** Changes to family rent **WILL NOT** be processed without current documentation of the change of income and/or family composition.
- **If you fail to provide complete verification, one of the following MAY take place:**
 1. If you are reporting an upward change (an increase) in your income, your rent may be changed, delayed, and/or you may owe a retroactive amount.
 2. If you are reporting a downward change (a decrease) in your income, the change in your rent may be delayed.

EMPLOYMENT ENDED/BEGUN/CHANGED:

I have attached a letter from my employer on company letterhead stating the date employment ended/began. If my employment has changed I have attached a letter on company letterhead stating the change in hours and/or pay as well, or have provided two consecutive pay stubs.

TANF (Cash Benefits Only):

I have attached a printout or letter from the Division of Family & Children that is less than 30 days old.

SOCIAL SECURITY BENEFITS/SSI, VA Benefits, Pension, Retirement, Military Pay:

I have attached a printout or letter from the appropriate source that is less than 30 days old.

UNEMPLOYMENT BENEFITS:

I have attached a letter from Workforce Development or provided 3 consecutive unemployment pay stubs.

CHILD SUPPORT:

I have attached a printout from the Child Support Office showing payments made for the last six months.

CHILD CARE:

I have attached a letter from the childcare provider which includes the following; provider name, address, telephone number, weekly rate for care, and number of hours per week child is cared for.

ADDING A CHILD:

I have attached copies of the birth certificate, social security card completed Declaration 214(IHA form), guardianship papers, and/or other court documents showing proof of custody.

ADDING AN ADULT: THE ONLY ADULT THAT MAY BE CONSIDERED TO BE ADDED TO THE HOUSEHOLD IS A SPOUSE OR COURT ORDERED GUARDIANSHIP;

I have attached copies of a) Photo ID, b) Social Security Card, c) Birth Certificate, d) HUD 9886 form, e) Open Verification form, f) Declaration 214, g) Marriage License, as well as a h) letter of permission from the owner/agent.

REMOVING A CHILD/ADULT:

I have attached two of the following documents showing the person lives elsewhere: signed lease, utility/other bills, post office completed changed of address, school enrollment papers, pay stubs, court papers or statements from other government/social service agencies. **Once an adult family member has been removed they will no longer be allowed to be added back on to your assistance.** The only exception is by marriage; court ordered custody, adoption, or foster care.

NO LONGER RECEIVING FAMILY CONTRIBUTIONS:

A letter is needed from the client receiving the contributions stating the name and contact information for Contributor and date when contributions stopped.

(HOME OWNERSHIP PROGRAM ONLY) Change in mortgage payments

I have attached a current copy of my mortgage statement

Other _____



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► CURRENT INCOME/BENEFIT CHANGES (you may submit 2 on this form)

1. I have experienced the following Changes in Income or Benefits:

Decrease of Income Increase of Income New Source of Income Income has Ended

Family Member with change in Income _____

Effective Date of Change: _____ Monthly Wage/Benefit: \$ _____

Employer/Source of Income: _____

Employer/Source of Income Address: _____

(Street)

(City)

(State)

(Zip)

Fax Number to Verify: _____

Phone Number to Verify: _____

2. I have experienced the following Changes in Income or Benefits:

Decrease of Income Increase of Income New Source of Income Income has Ended

Family Member with change in Income _____

Effective Date of Change: _____ Monthly Wage/Benefit: \$ _____

Employer/Source of Income: _____

Employer/Source of Income Address: _____

(Street)

(City)

(State)

(Zip)

Fax Number to Verify: _____

Phone Number to Verify: _____



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► CHILD CARE

Name of Child Care Provider: _____

Address: _____

Phone Number: _____

Date Child Care Began: _____

Average Hours Per Week: _____

Amount You Pay \$ _____ Per Hour / Per Week / Bi-weekly / Monthly

(Circle one)

Amount Reimbursed by State of Indiana/Federal/Local Programs \$ _____

► REQUEST TO ADD FAMILY MEMBERS TO HOUSEHOLD

NOTE: If the person(s) you are requesting to add are over the age of 18, you **MUST SCHEDULE AN APPOINTMENT** with your caseworker.

Last Name	First Name	Relationship	Date of Birth	Social Security #

DATE FAMILY MEMBER MOVED IN: _____
 (name) (date)

DATE FAMILY MEMBER MOVED IN: _____
 (name) (date)

► FAMILY MEMBERS REMOVED FROM HOUSEHOLD

NOTE: Verification as to where the family member is living **MUST** be sent in with this form. This includes a copy of the lease and rent receipt for adults and verification from the court as to the whereabouts of children.

Last Name	First Name	Relationship	Date of Birth	Social Security #

DATE FAMILY MEMBER MOVED OUT: _____
 (Name) (Date)

DATE FAMILY MEMBER MOVED OUT: _____
 (Name) (Date)