

Liberty HOUSING AUTHORITY
8 Westowne Street Ste 800
Liberty, MO 64068

Name of Head of Household: _____

Address: _____

Phone #: _____

Reporting Date: _____

Email address: _____

**Interim Redetermination of Income for Rent Change
and/or Change in Family Composition**

Change(s) in Income or Family Composition Due to One or more of the Following Reasons Below: (Please Circle; All Applicable)

1. SSA/SSI - Increase / Decrease

Effective Date: _____

2. VA Pension - Increase / Decrease

Effective Date: _____

3. TANF - Increase / Decrease

Effective Date: _____

4. Child Support - Increase / Decrease

case number and state: _____

Effective Date: _____

5. Wages - Increase / Decrease

Employer: _____

6. Child Care - Increase / Decrease

Provider: _____

7. Family Members - Addition / Deletion

Family Member: _____ Effective Date: _____

8. Unemployment - Increase / Decrease

Effective Date: _____

9. Other _____

I certify that the information given is true and complete to the best of my knowledge. I understand that false statements or information are punishable under Section 1001 of Title 18 of the US Code

The tenant acknowledges the fact that no reduction in rent will occur until the Liberty Housing Authority has received written verification reflecting the reported change.

It is the tenant's responsibility to see that the Authority is provided with this necessary information.

All paperwork has to be reported within fifteen (15) days of the change.

Head of Household Signature

Other adult signature

Date: _____

LIBERTY HOUSING AUTHORITY
AUTHORIZATION FOR RELEASE OF INFORMATION

ALL ADULTS (18 & OVER) LIVING IN THE ASSISTED UNIT MUST
READ AND SIGN THIS FORM

PURPOSE

The Liberty Housing Authority (LHA) may use this authorization, and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I/we authorize the release of any information, including documentation and other materials, necessary to verify eligibility for or participation under any housing assistance program administered by the Housing Authority.

I/we authorize the Housing Authority to obtain information about me or my family that is pertinent to the determination of my eligibility for or participation in assisted housing programs, my level of benefits and verification of the true circumstances concerning myself and ALL members of my household.

INQUIRIES MAY BE MADE ABOUT:

Child Care Expenses	Medical Expenses
Handicapped Assistance Expenses	Family Composition
Credit History	Social Security Numbers
Identity and Marital Status	Employment Income, Pensions & Assets
Criminal History and Activity	Residences & Rental History
Law Enforcement Records	Federal, State, Tribal or Local Benefits
Probationary Records	Community Support Assistance

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION INCLUDE:

Banks & Other Financial Institutions	Providers of:
Local/State/Federal Courts	Alimony
Local/State/Federal Law Enforcement Agencies	Child Care
Credit Bureaus	Child Support
Employers, Past & Present	Credit
Schools & Colleges	Handicapped Assistance
Landlords	Medical Care/ Services
Local Community Social Service Agencies	Pension/Annuities
Utility Companies	Mental Health Services
State Welfare Agencies	Substance Abuse Treatment

CONDITIONS

I/we agree that to release information for the purposes stated above will remain in effect as long as I/we remain a participant in the LHA Housing Choice Voucher Program or a resident in a unit assisted by LHA. A new release will be signed each year and whenever there is a change in the adult membership of the household. I/we agree that photocopies and faxes of this authorization may be used for the purposes stated above. I/we understand that failure to sign this authorization may be grounds for housing assistance to be denied, delayed or terminated.

I/we voluntarily waive all right of recourse and release each such person from liability for providing information to the Liberty Housing Authority.

Print Name: _____ Social Security # _____

Address: _____ Date of Birth: _____

Signature: _____ Date: _____

INCOME REPORTING CERTIFICATION STATEMENT

INITIALS

_____ I/We understand it is our responsibility to report all income coming into our household for all household members. Including but not limited to Paychecks, self-employment, Social Security, Workers Compensation, Unemployment, Alimony, Child Support, etc. Failure to do so may result in termination of your Housing Choice Voucher participation.

_____ I/We understand when a family member turns 18, we must make an appointment for them to fill out paperwork. If they are a F/T student, they will be required to supply a class schedule, acceptance letter, or other form of verification supporting their F/T student status. Failure to provide this documentation will result in their income counting in household income. Failure to report them turning 18 and not having F/T student status may cause an overpayment in housing assistance that will need to be paid back. Failure to do so may result in termination of your Housing Choice Voucher participation.

_____ I/We understand increases in income must be reported within 15 calendar days and will take effect on the 1st of the month following the 30th day of the **effective** date of the change unless income was late reported.

_____ I/We understand decreases in income will begin on the 1st of the month. (Note that every family will be required to pay at least one month's increased tenants rent.)

_____ I/We understand any temporary interruption in income must continue for 30 consecutive days before the annual income and total tenant payment will be recalculated.

_____ I/We understand failure to report an increase in income may result in an overpayment of Housing Assistance Payments that will need to be reimbursed to the Liberty Housing Authority by our household. Failure to do so may result in termination of your Housing Choice Voucher.

_____ I/We understand failure to reimburse the Liberty Housing Authority for overpaid Housing Assistance Payments, because of un-reported, income will result in termination from the Housing Choice Voucher program and possible submission of our debt to the Missouri Debt Offset Program offered thru the Department of Revenue.

_____ I/We understand this information will be available to other Housing Authorities through the EIV system and may prevent us from applying/participating with them until this debt is paid in full.

_____ I/We understand in the case of missing, incomplete, or inaccurate information our case file may be turned over to the Office of Inspector General for investigation and/or prosecution.

_____ Head of Household

_____ Date

_____ Other Adult

_____ Date