

Rolette County Housing Authority

211 1st Ave NE - PO Box 455

Rolette, ND 58367

Ph: 701-477-7772 Fx: 701-477-3795

REPORT OF CHANGE

All changes must be reported in writing. If a family has zero income, the family must report the start of any income within ten days of the change. The family must receive written approval from the Housing Authority before anyone is added to the household. A guest may not stay for more than ten days within a 12-month period. A family is not required to report other changes during the year. A family may request an interim reexamination in writing at any time. If a family requests a reexamination, all changes that have occurred since the last determination of tenant rent must be reported.

Name of Head of Household

Your Name (if different)

Your Social Security Number

Address

Phone Number

_____ Public Housing

_____ Section 8 HCV

TO: _____
Housing Administrator's Name

Date

Reporting the following changes:

Change in income or benefit: You must give the effective date and amount of change, and the name and address of the source of income.

 Change in Household: You must receive written approval from the Housing Authority before anyone 18 years of age or older moves into the household. You must give the name, birth date, Social Security Number, current address, sources of income and any assets of the person you want to add. The new family member must complete a criminal background check and an eligibility application. Call the Housing Authority to schedule an appointment with your administrator .

 Other Changes:

Failure to report required changes and complete the reexamination process can result in loss of housing assistance and/or repayment of overpaid assistance.

If the family wants to request that an interim reexamination be completed to re-determine the tenant rent amount, the family must check here. If the family does not check here, a reexamination will not be completed unless required by HUD regulations or the Rolette County Housing Authority policy.

YOU MUST SIGN THE RELEASE OF INFORMATION ON THE BACK.



**AUTHORIZATION
For Release and Exchange of Information**

CONSENT

I authorize and direct the listed persons, agencies or organizations to release and exchange information with the Rolette County Housing Authority as needed and for the purpose of determining my eligibility, level of benefits and/or continued participation in the Section 8 Housing Assistance Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the Rolette County Housing Authority to release information from my file about my rental history to HUD, credit bureaus, collection agencies, landlords or other PHAs.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications, inquiries and exchange of information that may be requested, include but are not limited to:

- | | | |
|---------------------------------|-------------------------------|--|
| Identify and Marital Status | Employment, Income, and Asset | Residences and Rental Activity |
| Medical or Child Care Allowance | Credit and Criminal Activity | Compliance with Program Requirements Obligations |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but not limited to:

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

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or rectification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with PHA and will stay in effect for fifteen months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse/Co-Head	(Print Name)	Date
_____	_____	_____
Adult	(Print Name)	Date
_____	_____	_____
Adult	(Print Name)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.