



**STATE OF HAWAII**  
HAWAII PUBLIC HOUSING AUTHORITY  
1002 NORTH SCHOOL STREET  
POST OFFICE BOX 17907  
HONOLULU, HAWAII 96817

### Change of Income or Household Conditions

<b>Head of household name (Last, First)</b>	<b>Head of Household Social Security number (last 4)</b>
<b>Address</b>	<b>Primary phone number</b>

**Instructions:** Complete only the sections that are necessary to tell us how your household income or conditions have changed. Complete all items in the applicable section and attach supporting documentation verifying the change.

**What type of change?**

- I am reporting an increase in household income
- I am reporting a decrease in household income
- I would like to remove a household member
- Other: \_\_\_\_\_

<b>Employment</b> <i>Attach paystubs or a letter from the employer</i>	
<b>Change in pay or new employment</b>	<b>Employment ended</b>
Household member _____	Household member _____
Employer name _____	Employer name _____
Employer phone _____	Employer phone _____
Employer fax _____	Employer fax _____
Employer address _____	Employer address _____
Effective date of the change _____	Last date of work _____
Hourly pay rate \$_____ Hours per week_____	<input type="checkbox"/> Attach confirmation from the employer of your last day worked

<b>Other income</b> <i>Check all applicable boxes, write in details, and attach statements</i>		
<input type="checkbox"/> Child Support	<input type="checkbox"/> Pension or annuity	<input type="checkbox"/> Trust or retirement disbursements
<input type="checkbox"/> V.A. benefits	<input type="checkbox"/> Gifts or contributions	<input type="checkbox"/> DSHS (TANF / Aged, Blind, Disabled / Welfare)
<input type="checkbox"/> Social Security or SSI	<input type="checkbox"/> Unemployment benefits	<input type="checkbox"/> Other: _____
Household member _____	Household member _____	
Describe change _____	Describe change _____	
Amount \$_____ Per <input type="checkbox"/> Week	Amount \$_____ Per <input type="checkbox"/> Week	
<input type="checkbox"/> Month	<input type="checkbox"/> Month	
Start date_____ Stop date_____	Start date_____ Stop date_____	

**No income** Complete this section if an adult in the household does not have any income or receive any contributions

Household member with no income/contributions \_\_\_\_\_ Start date \_\_\_\_\_

Describe income change \_\_\_\_\_

**Child care expense** Attach a statement from the provider that includes any subsidies and/or co-pays

Date of change \_\_\_\_\_ Your portion of the payment \$ \_\_\_\_\_ Per  Week  Month

Provider name \_\_\_\_\_ Provider phone \_\_\_\_\_

Provider Address \_\_\_\_\_

**Student status (adults)** Attach verification of enrollment status, financial aid, and tuition costs

Household member \_\_\_\_\_ Start date \_\_\_\_\_ Stop date \_\_\_\_\_

Tuition cost \$ \_\_\_\_\_ Per  Quarter  Semester Financial aid \$ \_\_\_\_\_ Per  Quarter  Semester

**Household Composition** See instructions below for appropriate attachments

**Adding someone to your household**

Complete a Request to Add a Household Member form

**Removing a member from the household** (Provide a copy of the lease or utility bills in his/her name at the new address)

Household member \_\_\_\_\_ Move out date \_\_\_\_\_

**Name change**

Old name \_\_\_\_\_ New name \_\_\_\_\_

Attachments:  Copy of name change court order  
 Social Security number verification with the new name

**Other change** If no other section applies, use this space to explain your household's income/circumstances

Household member \_\_\_\_\_ Date of change \_\_\_\_\_

Describe change \_\_\_\_\_

**Important:** Hawaii Public Housing Authority must receive your written notice of your income and/or household conditions and supporting documentation in order for us to adjust your rent portion. If this form is not completely filled out and/or supporting documentation is not attached, the review may be delayed. If you are reporting a decrease in income, but you do not attach supporting documentation verifying the decrease, there will be a delayed in adjusting your rent. If you report a change late or not at all, you could owe Hawaii Public Housing Authority money and you may risk losing your housing subsidy.

By signing below, (print head of household's name) \_\_\_\_\_, I certify that the information provided to the Hawaii Public Housing Authority is true and correct. I understand that giving false information may jeopardize my eligibility to receive future housing assistance. I understand that HPHA may verify information reported, such verification may include contacting any appropriate employers, governmental agencies, or individuals identified on this form.

**Head of household's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible 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. **Private owners may not request or receive information authorized by this 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.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**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 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form 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 what the amount was, whether I actually had access to the funds and when the funds were received. 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) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. 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. This information may be released to 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 HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six 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 of your eligibility approval.

**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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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.