



HARRISBURG HOUSING AUTHORITY

Governor's Plaza North, 2101 N. Front Street #3-101
 Harrisburg, PA 17110
 Ph (717) 234-9664
 Fax (717) 233-8357

Section 8 - PARTICIPANT Change Form

(PLEASE PRINT)

Name of Head of Household: _____ SSN#: _____ - _____ - _____

My Section 8 Caseworker is: S. Rivera M. Diven D. Richardson A. Santiago S. Seignious

ADDING or REMOVING PEOPLE FROM YOUR HOUSEHOLD

Please list the Full Name, Relationship, Sex, Birth Date and SS# of people you are referencing.

Full Name	Relation ship	Sex	Birth Date	S.S.#	Desired Action	Does this person have income?
					ADD or REMOVE	
					ADD or REMOVE	
					ADD or REMOVE	
					ADD or REMOVE	
					ADD or REMOVE	

CHANGE IN HOUSEHOLD INCOME

Please fill out the information below for reporting and income changes for the household.

Name	Desired Action	What is the change? (Ex. New Employment, Unemployment, Welfare, SSI Benefits, other..)
	ADD or REMOVE	
	ADD or REMOVE	
	ADD or REMOVE	
	ADD or REMOVE	

**If NEW employment, please answer the following questions: If you have received written verification from your new employer, that is dated within 60 days of today's date, please submit. Also, please submit 4-6 most recent paystubs.

Employer Name & Address: _____

Employer Phone #: _____ Start Date: _____

Pay Rate: \$ _____ per hour Paid how often: Weekly Bi-Weekly Monthly

*If receiving Unemployment Compensation (UC), provide pin # used to report claim to PAT system: _____

*If now receiving Social Security or Social Security Income (SS, SSI, SSD), you must provide a current award letter dated within 60 days of today's date.

I do hereby swear and attest that all of the information above about me is true & correct. I also understand that ALL changes in the income of any member of this household as well as any changes in the household members must be reported **IN WRITING** within 10 calendar days of the change.

Signature: _____ Date: _____

Contact Phone # or Active E-mail: _____

WARNING TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES 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 OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

Please bring the following along with you for your Annual Re-certification
EXAMPLES OF INCOME/ASSET VERIFICATIONS

Public Assistance / DPA / TANF:	Caseworker's computer printout of statement of case benefit amount from the caseworker with caseworker's name and telephone number or a cancellation letter.
Employment Verification:	Four (4) most recent check stubs showing the year to date earnings or a letter from your employer with the rate of pay and the number of hours worked. Employer's address, phone and fax numbers.
Unemployment:	Original award letter from Unemployment Compensation, current stub or exhaust letter.
Child Support / Alimony:	Notarized letter from provider, and/or the most recent court order.
Pension / Annuity:	Award letter and most recent copy of current check or bank deposit statement. The name, address, phone and fax number of the payer.
SSI / Social Security Benefits:	Award letter and current statement from Social Security Administration of monthly benefit amount and Medicare/Medicaid payment.
Bank Accounts / Assets:	Saving or checking accounts, CDs, stocks, bonds, property, IRAs mutual funds, annuities, trust, inheritances, settlements. Two (2) of the following: monthly statements from the bank stating current balance and annual interest or pass book rate.

Also, please bring in any of the following verification that applies to your family:

Full-Time Student Status:	(For students 18 years or older) a current letter of enrollment from the registrar or admissions office of the school they are attending with name of school, address, phone and fax numbers. A current class schedule will also be accepted.
Medical Deduction:	Only for households where head or spouse is at least 62 years of age or a person with disability. A printout for the pharmacy of their out-of-pocket expenses or receipts for medications and/or medical visits anticipated to be paid by you within the next 12 months.
Child Care:	Provider's name, address, Social Security Number/I.D. Number and phone number. Number of hours, days of week of care and the name of children receiving service.
Utility Bills:	Bring in copies of your current utility bills to verify that utilities are established in your name.

If you will claim no income, you must bring verification of loss of all income sources previously counted.

IF ANY OTHER DOCUMENTATION IS REQUIRED, YOU WILL BE NOTIFIED!

Harrisburg Housing Authority – Housing Choice Voucher Program

Application Type: New Applicant / Annual Recertification / VASH / Interim / Relocation

Complete this form (in its entirety) in ink, in your own handwriting, and bring it with you to your appointment for re-certification. Use the legal name for each person who will reside in the apartment as it appears on his/her social security card. All persons age 18 and over must sign this application certifying that the information pertaining to them is correct. **DO NOT LEAVE ANY BLANKS. If a section or question does not apply to you, write N/A in it.**

Name: _____ Unit Address: _____ Home Phone: _____
 Mailing Address: _____ Work Phone: _____
 Emergency Contact: _____ Relationship: _____ Phone: _____
 E/C Address: _____ Other Phone: _____

Part I: Household Composition

Adults (age 18 and older) Last, First MI Start with yourself	Social Security Number	Relation to Head	Sex		Race/ Ethnicity	Birth Date	Age	Disabled		Student	
			M	F				Yes	No	Yes	No

Minors (Under age 18) Last, First MI	Social Security Number	Relation to Head	Sex		Race/ Ethnicity	Birth Date	Age	Disabled		Student	
			M	F				Yes	No	Yes	No

List all persons who moved out during the past 12 months (include deaths, marriages, placement into the court system, custody changes, placement in assisted living facilities, etc.)

Full Name	Social Security Number	Relationship	Move-Out Date	Reason

Part II: Household Income

Fill in the blanks for each person residing in your unit who is working, including self-employment: *****PLEASE PROVIDE LAST FOUR PAY STUBS*****

Worker Name	Employer Name	Employer Address	Dates Worked		Pay Rate Amt Per Hr	Hours Worked Each Week	Start Date
			From	To			

If any household member receives income from any of the following sources, check the source(s) and fill in the blanks **AND PROVIDE VERIFICATION:**

Name	Source										Amount	Per	Start Date	
	Welfare	Retirement/ Pension	SSI	Unemployment	VA Benefits	Child Support	Social Security	None	Other (Specify)					

If any household member has the following assets, check the source(s) and fill in the blanks: * Write none if you have no bank accounts _____

******PLEASE PROVIDE CURRENT BANK STATEMENT******

Name	Checking Account	Savings Account	Certificate Of Deposit (CD)	Stocks	Bonds	Insurance Policy	Property (Define)	Acquisition Date	Institution Name & Address	Cash Value

Part III: Family Self-Sufficiency/Earned Income Exclusion

Has any adult household member started a new job since your initial application or last certification? No Yes (If you answered yes, continue. If no, go to Section IV.) If you answered yes to question #1, please fill in the blanks below:

Name of HH member starting job	Employer Name	Employer Address	Employment Dates		Was HH member attending a Training Program when hired?		HH receive TANF 6 months before obtaining employment.		Was HH member previously employed?	
			Start	End	Yes	No	Yes	No	Yes	No

Part IV: Medical Expenses – Verification is required

(Complete only if the head of household or spouse is disabled or 62 years of age or older)

Type of Medical Expense	Amount

Type of Medical Expense	Amount

Part V: Disabled Expenses – Verification is required

(Complete only if a household member is disabled and these expenses are for attendant care or an auxiliary apparatus for the disabled household member in order for them or any other family member to work or look for work)

Type of Disabled Expense	Amount

Type of Disabled Expense	Amount

Part VI: Childcare Expenses – Verification is required

(Complete only if the childcare is for children age 12 or younger and is required for you to attend school, work or look for work)

Child's Name	Childcare Provider Name	Childcare Provide Address	Dates & Time Care is Provided	Amount and Frequency of Unreimbursed Childcare Expenses	
				Amount	Per (wk,mo,yr)

Do you have Child Care Network Benefits? Yes: Amount of Weekly Co-Pay \$ _____ (attach verification letter) No

Part VII: Additional Information

Have you or any adult in your household been arrested within the last 12 months?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If so, please explain:			
Have your move-out charges and/or /balances been cleared with Harrisburg Housing Authority ?			
		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If not, explain:			
Will you be able to establish utilities OR are the tenant responsible utilities on (gas, electricity and/or oil) in your name?			
		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If not, explain:			
Did you fail to report any income by household members during the past 12 months?			
		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, provide source:	Member:	\$	Source:
Do you have a pet? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, describe:			
Marital Status (Circle One):		Married	Divorced
		Separated	Widow / Widower
		Single	
Make and model of household vehicle:			
Current Landlord Name:			
Monthly Payment:			
Phone Number:			

ALL HOUSEHOLD MEMBERS AGE 18 AND OVER SHOULD REVIEW THE INFORMATION ON THIS APPLICATION AND MUST SIGN BELOW. All information provided on this application is subject to third party verification by the Housing Authority. Signature also authorizes HHA to conduct a criminal background on each family member over age 18.

I/We certify that the information given to the Harrisburg Housing Authority on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I understand that I must report any changes in income, assets, and family composition to the Housing Authority, in writing, within 14 days of such change. I/We understand that giving false statements or information can be grounds for punishment under federal and state laws. I/We also understand that giving false statements or information can be grounds for termination of housing assistance.

Signature of Head of Household _____ Date _____ Signature of Spouse of Other Adult _____ Date _____

Signature of Other Adult _____ Date _____ Signature of Other Adult _____ Date _____

WARNING

Title 18, Section 1001 of the United States Code, States 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.



HARRISBURG HOUSING AUTHORITY

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2101 N. Front Street #3-101
Harrisburg, PA 17110
Ph (717) 234-9664
Fax (717) 257-4943

Harrisburg Housing Authority
Housing Choice Voucher Program
Applicant / Tenant Certification

Applicant (s) Tenant (s) Statement:

I/We certify that the information* given to the Harrisburg Housing Authority regarding household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or false information are grounds for termination of housing assistance and termination of tenancy.

I /We are required to provide a written statement of any change(s) of household income and any change(s) to the household members within **10 days** of the change. I/We understand that a change in income and/or household size may require an interim change in subsidy and/or tenant rent.

I/We understand failing to report accurate household income and increased income changes within 10 days will result in termination from the applicable Housing Assistance Program. Unreported increased income is Fraud and a violation of your family obligations.

_____	_____
Signature of Head of Household	Date
_____	_____
Signature of Spouse/Co-tenant	Date
_____	_____
Family Member 18 or over	Date
_____	_____
Family Member 18 or over	Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free at **1-800-424-8590**.

*After verification by this housing authority, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape.

