

HOUSEHOLD CHANGE
UPDATE FORM

Head of Household Name _____

Address: _____

Phone: _____ E-Mail Address _____

ADDING MEMBER

ASK FOR A 214 FOR EACH NEW MEMBER

____ Adding Child(ren)

Name _____ DOB _____ SS# _____ BC _____
Race: ___ Black ___ White ___ Asian ___ Hispanic ___ Mixed SS Card _____
Place of Birth : _____ Sex: M F
City State

Name _____ DOB _____ SS# _____ BC _____
Race: ___ Black ___ White ___ Asian ___ Hispanic ___ Mixed SS Card _____
Place of Birth : _____ Sex: M F
City State

Are you currently paying for child care? YES NO

If yes, please give the information needed.

Name of Childcare Agency : _____

Agency Address: _____

Agency Phone: (____) _____

Child Care

Payment Amount: \$ _____ Weekly \$ _____ Bi-Weekly \$ _____ Monthly

Name(s) of child(ren) _____



Head of Household _____ Date _____

____ Adding Adult(s)

1. _____
 Name _____ DOB _____ SS# _____ BC _____
 Race: ___ Black ___ White ___ Asian ___ Hispanic ___ Mixed ID _____
 Place of Birth : _____ Sex: M F
 City _____ State _____

FULL TIME STUDENT? ___ YES ___ NO. IF YES, NAME AND ADDRESS OF SCHOOL

2. _____
 Name _____ DOB _____ SS# _____ BC _____
 Race: ___ Black ___ White ___ Asian ___ Hispanic ___ Mixed ID _____
 Place of Birth : _____ Sex: M F
 City _____ State _____

FULL TIME STUDENT? ___ YES ___ NO. IF YES, NAME AND ADDRESS OF SCHOOL



The following questions are for the adult(s) being added to the household

Have you ever lived in Public Housing or Section 8 Housing? ___ Yes ___ No
If yes, When _____ Where _____ Who was head of household _____

Has an eviction ever been filed against you? ___ Yes ___ No
Do you owe any money to a landlord or Public/Assisted Housing organization? ___ Yes ___ No
If yes, what agency? _____

List the names, addresses and phone numbers of your landlord(s) for the past three years:

| Land lord's Name | Landlord's Address | Landlord's Phone | From Year | To Year |
|------------------|--------------------|------------------|-----------|---------|
| | | | | |
| | | | | |
| | | | | |

Signature (new member)

Date

Head of household _____ Date _____

List All Income Sources

| | | |
|---------------|---------------|----------------|
| Family Member | Income Source | Monthly Amount |
|---------------|---------------|----------------|

| | | |
|---------------|---------------|----------------|
| Family Member | Income Source | Monthly Amount |
|---------------|---------------|----------------|

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| Family Member | Income Source | Monthly Amount |
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| Family Member | Income Source | Monthly Amount |
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| Family Member | Income Source | Monthly Amount |
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|---------------|---------------|----------------|
| Family Member | Income Source | Monthly Amount |
|---------------|---------------|----------------|

Signature Head of Household _____ **Date** _____

HOUSING AUTHORITY OF FRANKFORT

590 Walter Todd Drive
Frankfort, Kentucky 40601

Executive Director
David Small

Telephone (502) 223-2148
TDD 1-800-241-2510
Fax (502) 875-1882

AUTHORIZATION FOR THE RELEASE OF INFORMATION

PURPOSE & CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the Housing Authority of Frankfort (HAF) and the Department of Housing and Urban Development (HUD) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low Income Public Housing and Indian Housing and/or other housing assistance programs. I authorize the Kentucky Division of Unemployment Insurance to release my wage information and whether I am receiving, have received or made application for unemployment insurance and the amount received or to be received. 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 HAF to release information from my file to any Federal, State or local government agency.

INFORMATION COVERED

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

- | | |
|--|--|
| Identity and Marital Status | Employment, Income, Pensions and Assets |
| Residences and Rental Activity | Medical or Childcare Allowances/Expenses |
| Credit and Criminal Activity | Family/Household Composition and Residency |
| Handicapped Assistance Expenses | Social Security Numbers |
| Federal, State, Tribal or Local Benefits | |

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 are not limited to:

- | | |
|---------------------------------|---|
| Previous/Current Landlords | Veterans Administration |
| Public Housing Agencies | Retirement Systems |
| Courts and Post Offices | Banks and other Financial Institutions |
| Schools and Colleges | Law Enforcement Agencies |
| Past and Present Employers | Welfare Agencies |
| State Unemployment Agencies | Social Security Administration |
| Medical and Childcare Providers | Utility Companies |
| Credit Bureaus | Child Support or Alimony Agency/Individuals |

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or HAF 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.

I agree that photocopies of this authorization may be used for the purpose stated above. The original of this authorization is on file with HAF and will stay in effect for a year and one month from the date signed. I understand I have the right to review my file and correct any information that I can prove is incorrect.

If I choose not to sign this authorization I understand that my housing assistance may be denied or terminated.

Print Name of Head of Household Sign Name of Head of Household Date

Print Name of Other Adult/Spouse Sign Name of Other Adult/Spouse Date