

INCOME CHANGE UPDATE FORM

Name _____ S.S. # _____

Address _____

Phone: _____ E-mail address _____

PLEASE ANSWER ALL QUESTIONS COMPLETELY

IF NO INCOME IS REPORTED BY ANYONE IN THE HOUSEHOLD, A ZERO INCOME FORM MUST ACCOMPANY THIS UPDATE.

What is the income source for each family member? List all, EVEN IF IT IS ON FILE

Family Member	Income Source	Amount
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Family Member	Income Source	Amount
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Family Member	Income Source	Amount
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What is the reason for this update?

_____ INCREASE in household income

Explain why this is an INCREASE in household income – Give ALL INFORMATION NECESSARY FOR US TO VERIFY THIS CHANGE

_____ DECREASE in household income

Explain why this is a DECREASE in household income – Give ALL INFORMATION NECESSARY FOR US TO VERIFY THIS CHANGE

Head of
Household _____

Name

SS#

Are you currently paying for child care? **YES** **NO**

If yes, please give the information needed:

Name of Childcare Provider/Agency _____

Address of Provider/Agency _____

Phone number of Provider/Agency _____

Fax number of Provider/Agency _____

Amount of child care payment: \$ _____ weekly \$ _____ bi-weekly \$ _____ monthly

Name(s) of Child(ren):



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