



## INTERIM

### CHANGE OF EMPLOYMENT INCOME

In order to complete an Interim change you **MUST** provide the office with the following documents within 10 business days of changes. It is your responsibility to meet the office deadline for rent changes with the necessary documents. **RENT CHANGES WILL NOT BE REFLECTIVE UNLESS ALL REQUIRED DOCUMENTS ARE RECEIVED BY THE 15<sup>TH</sup> OF THE MONTH. IF CHANGES CAUSES AN INCREASE IN THE RENT, THE FAMILY WILL BE RESPONSIBLE FOR OVERPAYMENT IN SUBSIDY MADE BY THE PHA AND WILL BE OFFERED A REPAYMENT AGREEMENT IN ACCORDANCE WITH PHA POLICY, IF DOCUMENTS ARE RECEIVED AFTER THE PHA INDICATED CLOSE-OUT DATE.**

1. Completed Personal Declaration Form (Signed by ALL Adult family members).
2. A signed Interim Determination Form
3. Completed Allowance Checklist Form
4. Past Employment Verification form (**must be faxed or mailed to Section 8 office**)
5. Employment Verification form (**must be faxed or mailed to Section 8 office**)
6. Notarized written verification from other income sources (ex., if received from a relative, friend, co-worker, etc.)



# The Housing Authority of the City of Fort Pierce

## INTERIM DETERMINATION

Tenant Name: \_\_\_\_\_

Client #: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Bedrooms: \_\_\_\_\_ Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Increase In Rent: \_\_\_\_\_ Decrease In Rent: \_\_\_\_\_

Nature of Change: (Explain) \_\_\_\_\_

Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **This section to be completed by Section 8 Representative:**

| <b>PREVIOUS:</b>         |    | <b>NEW DETERMINATION:</b> |    |
|--------------------------|----|---------------------------|----|
| Eligibility Income       | \$ | Eligibility Income        | \$ |
| Net Income               | \$ | Medical Deductions        | \$ |
| Gross Family Obligation  | \$ | Unusual Deductions        | \$ |
| Contract Rent            | \$ | Minor Exemption           | \$ |
| Tenant Rent              | \$ | Net Income                | \$ |
| HAP Payment              | \$ | Gross Family Obligation   | \$ |
|                          |    | Utility Allowance         | \$ |
|                          |    | Contract Rent             | \$ |
|                          |    | Tenant Rent               | \$ |
| Effective Date of Change |    | HAP Payment               | \$ |

Approved By: \_\_\_\_\_ (Section 8 Representative)



# The Housing Authority of the City of Fort Pierce

## PERSONAL DECLARATION

This form must be completed in your OWN HANDWRITING- PLEASE PRINT. You must use the legal names for each member of your household as it appears on the Social Security Card. **ALL ADULT MEMBERS OF THE HOUSHOLD MUST SIGN THIS FORM CERTIFYING THE ACCURACY OF THE INFORMATION PERTAINING TO THEM.**

**FAMILY COMPOSITION:** List all persons who will be living in your home \* **List Head of Household First.** \*\* **Indicate Marital Status as [S] Single [M] Married [W] Widowed [D] Divorced [C] Separated.**

| Adult Names | Date of Birth | Social Security# | Relation | Marital Status |
|-------------|---------------|------------------|----------|----------------|
| 1.          |               |                  | Self     |                |
| 2.          |               |                  |          |                |
| 3.          |               |                  |          |                |

| Children Names | Date of Birth | Relation | School Name | Absent Parent Name |
|----------------|---------------|----------|-------------|--------------------|
| 1.             |               |          |             |                    |
| 2.             |               |          |             |                    |
| 3.             |               |          |             |                    |
| 4.             |               |          |             |                    |
| 5.             |               |          |             |                    |
| 6.             |               |          |             |                    |
| 7.             |               |          |             |                    |
| 8.             |               |          |             |                    |
| 9.             |               |          |             |                    |
| 10.            |               |          |             |                    |

If separated or divorced, list name & Address of spouse/ex-spouse as follows:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

List the "NEXT OF KIN"

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

**II. TOTAL HOUSEHOLD INCOME:** List ALL money earned or received by everyone in your household. This includes money from Wages, Self-Employment, Child Support, Cash Contributions, Social Security, SSI Income, Workman's Compensation, Retirement Benefits, TANF, Veteran's Benefits, income from Bank Accounts, Alimony, Rental Property Income, Stock Dividends, and all other income sources.

| Print \$\$\$ Amount | Wages/Wkly | AFDC/TANF | Child Support | SS/SSI | Other Income |
|---------------------|------------|-----------|---------------|--------|--------------|
| HEAD (SELF)         |            |           |               |        |              |
|                     |            |           |               |        |              |
|                     |            |           |               |        |              |
|                     |            |           |               |        |              |

**III. ASSETS:**

1. Do you or does any household member own or receive any interest for real estate, boats, mobile Homes?  Yes  No Have you sold any real estate in the past 2 years?  Yes  No

2. Do you have any Stocks, Bonds or Certificates of Deposits?  Yes  No

3. Do you have any Bank Accounts?  Yes  No If Yes, provide Name of Bank: \_\_\_\_\_

4. Do you drive a car?  Yes  No Do you own a car?  Yes  No

5. Does anyone outside your household pay any of your bills or give you money?  Yes  No If Yes, Explain: \_\_\_\_\_.

6. Have you or any other adult member ever used any Name(s) or Social Security Number(s) other than the one you are currently using?  Yes  No If Yes, Explain: \_\_\_\_\_

7. Have you or has anyone in your household ever been arrested, charged or convicted of any crime other than traffic violations?  Yes  No If Yes, Explain: \_\_\_\_\_

8. Have you ever committed any fraud in a Federal Assisted Housing Program or been requested to repay money for knowingly misrepresenting information for such housing programs?  Yes  No If Yes, Explain: \_\_\_\_\_.

**WARNING!!!!** Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly make false or fraudulent statements to any department or agency of the United States.

I, do hereby swear and attest that all of the information above regarding family composition, income and assets are true and correct. I also understand that any increases in income or change in family composition must be reported to the Fort Pierce Housing Authority in writing within 10 days.

Signature (Head of Household): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Spouse/Co-Tenant/Other Adult): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Other Adult): \_\_\_\_\_ Date: \_\_\_\_\_

Current Telephone Number: \_\_\_\_\_



# The Housing Authority of the City of Fort Pierce

## ALLOWANCE CHECKLIST

**INSTRUCTIONS:** At the certification and recertification interviews, the head of household should answer the questions below about Allowances and sign the certification statement.

### Family Member Name

### Date Verified

#### 1. Dependent Deduction

Do you have any household members who are under the age of 18?  Yes

No

\_\_\_\_\_  
(PHA use only)

If yes, list names of minor children:

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#### Over 18 and Disabled or a Full Time Student

Do you have any household members who are 18 or older and either a full-time student or disabled?  Yes

No

\_\_\_\_\_  
(PHA use only)

If yes, list names of such family members. (**Do not list Head, Spouse or Live-In Attendant**).

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#### 2. Child Care Allowance

Is the family paying for care of children under age 13 so an **adult** can work?  Yes

No

So that **adult** can go to school?  Yes

No

\_\_\_\_\_  
(PHA use only)

If yes, list names of children:

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**3. Disability Expense Allowance**

Is the family paying for care or apparatus for a disabled family member so that an adult family member can work?  Yes

No

\_\_\_\_\_  
(PHA use only)

If yes, list family member for whom care/apparatus is being provided.

**4. Elderly/ Disabled Household Allowance**

Is the head, spouse or sole member of the Household is 62 or older or disabled?  Yes

No

\_\_\_\_\_  
(PHA use only)

Does the household expect unreimbursed Medical expenses for the 12 months to be Covered by the certification?  Yes

No

\_\_\_\_\_  
(PHA use only)

If yes, list the household members with un-reimbursed medical expenses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: List any optional PHA deductions here:**

**TENANT'S CERTIFICATION:**

I hereby certify that I have answered the questions on this checklist truthfully and have no assets other than those claimed on this form.

Name of Head of Household (Please Print): \_\_\_\_\_

Signature (Head of Household): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (PHA Representative): \_\_\_\_\_ Date: \_\_\_\_\_



Section 8 Department  
511 Orange Avenue, Fort Pierce, Florida 34950  
PH: (772) 461-0772 FAX: (772) 429-6407 TDD: (800) 545-1833 ext. 902

Re: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(Employee Name)

Dear Sir/Madam:

We are required to verify the incomes of all family members living in or applying for Housing Programs. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence. We would greatly appreciate your prompt return of this letter by mail or fax. Note that the person referenced has authorized your release of the information. If you have any questions please call.

Sincerely, \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

1. Employed Since: \_\_\_\_\_ Job Title: \_\_\_\_\_
2. Salary, Base Pay Rate: \$ \_\_\_\_\_ per hour \$ \_\_\_\_\_ per week \$ \_\_\_\_\_ per month  
(Required) Average must be a number of hours – do not put 'varies'
3. Average number of hours worked at Base Pay Rate: \_\_\_\_\_ hrs/week, or \_\_\_\_\_ hrs/month.
4. Is this person likely to get Overtime?  Yes  No If yes, Overtime Pay Rate \$ \_\_\_\_\_ Hr.
5. Average number of Overtime hours expected during the next 12 months: \_\_\_\_\_ Hrs/Month.
6. Any other compensation not listed above? Please specify for commissions, bonuses, tips, etc.?  
For: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_
7. Is pay received for vacation?  Yes  No If yes, number of days/year: \_\_\_\_\_
8. Total Base Pay Earnings (for last 12 months): \$ \_\_\_\_\_ Total Overtime Earnings \$ \_\_\_\_\_

Name of Person Completing This Form: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_ (required)

Telephone number: \_\_\_\_\_ (required)

Company Name: \_\_\_\_\_ (required)

Address: \_\_\_\_\_  
\_\_\_\_\_ (required)

**TENANT/APPLICANT RELEASE:** I, hereby authorize the release of the requested information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# The Housing Authority of the City of Fort Pierce

511 Orange Avenue, Fort Pierce, Florida 34950

(772) 461-7281 TDD: (800) 545-1833 ext. 902

\* Fax: (772) 429-6407

## VERIFICATION OF PAST EMPLOYMENT

Re: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Dear Sir/Madam:

We are required to verify the incomes of all family members living in or applying for Public Housing or Section 8 Housing. We ask your cooperation in supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and will keep the data in strict confidence. We would greatly appreciate your prompt return of this form **by mail or fax directly from the employer**. Note that the person referenced has authorized the release of information.

Sincerely, \_\_\_\_\_ Date \_\_\_\_\_

1. Employee's Name: \_\_\_\_\_

2. Date(s) of Employment: \_\_\_\_\_

3. Termination/Layoff Date: \_\_\_\_\_

4. Date of Final Paycheck: \_\_\_\_\_

5. Reason for Termination: \_\_\_\_\_

6. Are there plans for this employee to return to work?  Yes  No

Name of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Company's Name: \_\_\_\_\_

Company's Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

### TENANT/APPLICANT RELEASE:

I, \_\_\_\_\_ hereby authorize the release of the required information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_