



INTERIM REQUEST FORM

HCV 10/2015

HOUSEHOLD CONTACT INFORMATION

Name:		Date:	
Street Address:		Cell #:	
City, State, Zip:		Work #:	
Email:		Home #:	

FAMILY COMPOSITION CHANGES:

I request to have _____, my _____, **added** to the lease.

I request to have _____, my _____, **removed** from the lease.

Reason: _____

New Address, if applicable:

HOUSEHOLD ADDITIONS/DELETIONS

- *You must notify COC in writing of the birth, adoption, or court-award custody of a child within 10 business days.*
- *You must submit a written request and receive approval from COC to add any other individuals as an occupant of the assisted unit.*
- *You must notify COC in writing if any household member no longer lives in the assisted unit within 10 business days. Removal documentation (proof of new address from Post Office, rent receipts, court order, divorce or legal separation papers, notarized letter from the individual being removed etc.) is required.*

INCOME CHANGES:

Any time a household member begins receiving income from a new income source, including returning to work for an employer that the member had previously worked for, the family is required to report the change in writing within 10 business days. You will be required to provide supporting documentation to process this change.

My household has experienced the following income change:

Increase in Income: _____ Increase in Expenses/Deductions: _____

Decrease in Income: _____ Decrease of Expenses/Deductions: _____

Termination of Income: _____ Terminations of Expenses/Deductions: _____

Please list the household member experiencing the income change and list the details regarding the change below:



PERSONAL DECLARATION FORM

HCV 3/13/2015

HOUSEHOLD CONTACT INFORMATION

Street Address:		Cell #:	
City, State, Zip:		Work #:	
Email:		Home #:	

HOUSEHOLD COMPOSITION – YOU MUST LIST ALL THE MEMBERS WHO RESIDE IN YOUR HOUSEHOLD
Failure to accurately report your household composition is a serious program violation and may lead to possible termination. No one else can join the household without prior approval from Charter Oak Communities (COC).

ADULT	Name (as it appears on social security card)	Relationship to Head of Household	Date of Birth	Social Security Number	Marital Status S-Single M-Married P-Separate D-Divorced W-Widow	Race/Ethnicity 1-Black 2-White 3-Amer-Indian 4-Asian 5-Other 6-Hispanic-Black 7-Hispanic White
1		Head of Household (HOH)				
2		Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult <input type="checkbox"/> Relationship to HOH:				
3		Other Adult Relationship to HOH:				
4		Other Adult Relationship to HOH:				

CHILD	Name (as it appears on social security card)	Relationship to Head of Household	Race/Ethnicity 1-Black 2-White 3-Amer-Indian 4-Asian 5-Other 6-Hispanic-Black 7-Hispanic White	School Name	Absent Parents Name	Absent Parents Address (Do not leave blank. If you do not know, write unknown.)
1						
2						
3						
4						
5						

Have any adult members of the household ever used any name(s) or social security number(s) other than the one you are currently using?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>If yes, please explain:</i>		
Are any household members temporarily absent? (Temporarily absent is a household member who is or expected to be absent from the assisted unit for less than 90 calendar days in a 12 month period.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>If yes, list name(s) and reason for absence:</i>		
Are any household members permanently absent? (Permanently absent is a household member who is or expected to be absent from the assisted unit for 90 or more calendar days.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>If yes, list name(s) and reason for absence:</i>		
Has any household member engaged in drug related or violent criminal activity?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>If yes, list name(s):</i>		

HOUSEHOLD ADDITIONS/DELETIONS

- **You must notify COC in writing of the birth, adoption, or court-award custody of a child within 10 business days.**
- **You must submit a written request and receive approval from COC to add any other individuals as an occupant of the assisted unit.**
- **You must notify COC in writing if any household member no longer lives in the assisted unit within 10 business days. Removal documentation (proof of new address from Post Office, rent receipts, court order, divorce or legal separation papers, notarized letter from the individual being removed etc.) is required.**

I. INCOME TAX RETURNS

QUESTION	NO	YES
Do you or any other household members file Income Tax Returns?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please specify which member below and bring completed tax returns:</i>		

HOUSEHOLD INCOME

Any time a household member begins receiving income from a new income source, including returning to work for an employer that the member had previously worked for, the family is required to report the change in writing within 10 business days.

Please answer YES or NO to the following. If yes, please provide the amounts below. **YOU MUST ANSWER ALL QUESTIONS.** Do you or any household members (INCLUDING CHILDREN) have income or expect to receive lump sum payments from the following sources:

Question #	QUESTIONS	Question#	NO	YES	AMOUNT
1.	Does your household have zero (0) income? <i>If yes, you must complete a No Income Affidavit.</i>	1.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Employment (wages, salaries including overtime, tips, bonuses)?	2.	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Self-employment and/or Income from Business?	3.	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Cash wages?	4.	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Unemployment Benefits?	5.	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Active Military/Armed Forces/Veteran's pay?	6.	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	Severance Pay?	7.	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Disability?	8.	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Social Security?	9.	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Pension/Retirement/Annuity benefit?	10.	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Supplemental Security Income?	11.	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Welfare Assistance?	12.	<input type="checkbox"/>	<input type="checkbox"/>	\$
13.	Workers' Compensation?	13.	<input type="checkbox"/>	<input type="checkbox"/>	\$
14.	TANF/Public Assistance?	14.	<input type="checkbox"/>	<input type="checkbox"/>	\$
15.	Food Stamps?	15.	<input type="checkbox"/>	<input type="checkbox"/>	\$
16.	Child Support?	16.	<input type="checkbox"/>	<input type="checkbox"/>	\$
17.	Alimony?	17.	<input type="checkbox"/>	<input type="checkbox"/>	\$
18.	Does anyone outside of your household pay any of your bills or give you money?	18.	<input type="checkbox"/>	<input type="checkbox"/>	\$
19.	Insurance/death policies/settlements?	19.	<input type="checkbox"/>	<input type="checkbox"/>	\$
20.	Lottery winnings?	20.	<input type="checkbox"/>	<input type="checkbox"/>	\$
21.	Work Study?	21.	<input type="checkbox"/>	<input type="checkbox"/>	\$
22.	Is any member enrolled in a training program? <i>If yes, list household member and sources:</i>	22.	<input type="checkbox"/>	<input type="checkbox"/>	\$
23.	Other Sources? <i>If yes, list sources:</i>	23.	<input type="checkbox"/>	<input type="checkbox"/>	\$

If you answered yes to any of the above questions, please list the name of the household member and fill in the amount under the source of income. **Note: Write the word "NONE" in any blank income space for that member.**

Household Member's Name	Employer Name	Gross Weekly Wages	State/ City Welfare	Child Support Weekly	Social Security Benefits	Un-employment Benefits	Pension/ All Other Income
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

HOUSEHOLD ASSETS

Answer YES or NO to the following. If yes, provide the amounts below.

Do you or any household members have assets from the following:

Question #	QUESTIONS	Question#	NO	YES	AMOUNT
1.	Checking/Savings Account(s)?	1.	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Certificates of Deposit?	2.	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	IRA/KEOGH?	3.	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Other Retirement Funds?	4.	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Securities?	5.	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Trust Accounts?	6.	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<i>If yes, is trust irrevocable?</i>		<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	Money Market Accounts?	7.	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Stocks?	8.	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Bonds?	9.	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Annuities?	10.	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Mutual Funds?	11.	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Any coin/stamp collections, jewelry, gems, or any other items held as an investment?	12.	<input type="checkbox"/>	<input type="checkbox"/>	\$
13.	Any other assets not listed above (excluding personal property)?	13.	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<i>If yes, list assets:</i>				
14.	Do you Own a Car? <i>If yes, what is your monthly car payment?</i>	14.	<input type="checkbox"/>	<input type="checkbox"/>	\$
15.	Do you receive rental income from a home or other real estate?	15.	<input type="checkbox"/>	<input type="checkbox"/>	\$
16.	Do you own real estate?	16.	<input type="checkbox"/>	<input type="checkbox"/>	
	<i>If yes, location?</i>				
	<i>If yes, type of property?</i>				
	<i>If yes, appraised market value?</i>				\$
	<i>If yes, mortgage or outstanding loans balance due?</i>				\$
	<i>If yes, annual insurance premium?</i>				\$
	<i>If yes, most recent tax bill?</i>				\$
17.	Have you disposed of any property in the last 2 years?	17.	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<i>If yes, type of property?</i>				
	<i>If yes, date of transaction?</i>				
	<i>If yes, market value when sold/disposed?</i>				\$
	<i>If yes, amount sold/disposed for?</i>				\$
18.	Have you disposed of any other assets in the last 2 years for less than Fair Market Value? (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	18.	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<i>If yes, describe the asset:</i>				
	<i>If yes, amount disposed?</i>				\$
19.	Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household?	19.	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<i>If yes, describe:</i>				

If you answered yes to any of the previous Household Assets questions, list the name of the household member, asset type (i.e. savings, checking, certificate of deposit, etc.), the name of the bank or financial institution, and the amount and interest rate below.

Household Member's Name	Type of Asset	Bank/Financial Institution	Amount	Interest Rate
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%

MEDICAL (To claim deductions for Medical Expenses you must be an Elderly or Disabled Household. Proof of payment must be submitted.)

Question #	QUESTIONS	Question #	NO	YES	AMOUNT
1.	Do you have any outstanding medical bills on which you are paying or expect to pay?	1.	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Do you pay for medical insurance? <i>If yes, enter provider name and address:</i>	2.	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Do you pay for prescription medication?	3.	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Do you have any non-prescription (over the counter) medication (aspirin, insulin, etc.) that your doctor has asked that you use regularly? <i>(If yes, provide a doctor's note)</i>	4.	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Do you expect to have any extraordinary medical/dental expenses in the next 12 months? <i>If yes, list expenses:</i>	5.	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Do you pay for a care attendant or any equipment for a disabled household member? <i>If yes, enter care attendant's name and address or equipment type:</i>	6.	<input type="checkbox"/>	<input type="checkbox"/>	\$

II. CHILD AND DEPENDENT CARE (To claim deductions for the following expenses you must fill out a separate expense form)

Question #	QUESTIONS	Question #	NO	YES	AMOUNT
1.	Do you pay childcare expenses for a child(ren) under the age of 13 because you work? <i>If yes, enter provider name and address:</i>	1.	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Do you pay childcare expenses for a child(ren) under the age of 13 because you are actively looking for work? <i>If yes, enter provider name and address:</i>	2.	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Do you pay childcare expenses for a child(ren) under the age of 13 because you attend school? <i>If yes, enter provider name and address:</i>	3.	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Does any person/agency outside of your household pay any part of your child care expenses? <i>If yes, enter person/agency name and address:</i>	4.	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Do you pay for a care attendant or any equipment for a disabled household member necessary to enable that person or someone else in the household to work? <i>If yes, enter care attendant's name and address or equipment type:</i>	5.	<input type="checkbox"/>	<input type="checkbox"/>	\$

III. PARTICIPATION(S) CERTIFICATION

I/We have understood and answered all questions on this reexamination update. I/We certify that all answers are true to the best of my/our knowledge and that any misrepresentations of information or false statements are punishable under Federal Law and grounds for termination of participation.

I/We also understand that **all changes in the income** of any member of the household as well as any changes in the household members' family compositions must be reported to Charter Oak Communities in writing **within 10 days** of the change.

WARNING! Title 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES OF AMERICA.

Signature of Head of Household _____ Date _____

Signature of Spouse/Co-Head of Household _____ Date _____

Signature of Adult Member of Household _____ Date _____

Signature of Adult Member of Household _____ Date _____

Signature of Adult Member of Household _____ Date _____

Name of Person completing Form if not Head or Spouse/Co-Head of Household:	Name:
---	--------------

Signature:	Phone:	Date:
-------------------	---------------	--------------



Head of Household Last Name: _____

Specialist Initials: _____

INCOME VERIFICATION AUTHORIZATION

I, _____ hereby authorize Housing Authority of the City of Stamford, to contact any agency, employer, group or organization to obtain any and all information or materials which are deemed necessary to determine if I am eligible for participation in the Section 8 Rental Assistance Program. I understand that this information is only for the purpose of determining my eligibility and will be kept confidential.

Signature

Date

Address: _____ Social Security # _____

Phone: _____ Email: _____

Start of Employment: _____ End of Employment (if applicable): _____

Provided below is information which may be of some assistance to you in obtaining my records:

NAME OF EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Contact Name: _____ Department: _____

Phone Number: _____ Fax Number: _____