



Housing Choice Voucher Program

330 Union Street

Jonesboro, AR 72401

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REPORTING A HOUSEHOLD INCOME DECREASE

Program Reporting Requirements:

- Decreases in income may be reported at any time, the decrease will be effective on the first day of the month following the month in which the changes was reported and all required documentation was submitted. **Each household member with a decrease must complete a separate form.**
- If you are moving, and a decrease is approved, it will take effect the first day of the month after your new lease goes into effect.
- Please Note: If your household's regular recertification process has started, any decrease approved will be effective at the recertification date.
- For your rent to change, the decrease must last at least 30 days and result in an overall decrease in household income.
- You will receive a notice of rent change from us letting you know what your new rent will be or letting you know the reason we cannot make the change.

Instructions:

- Complete the other side of this form to report a decrease in household income.
- All adult household members, 18 years or older, must sign and date this form.
- Complete Page 2 of tenant profile.
- Complete income statement.
- Attach verification of decrease of income, for example, a letter from the employer stating your job has ended, a notice from Arkansas Employment Department that Unemployment has stopped, etc.
- If the household member reporting a decrease in income now has zero income, complete a PHA-188 Zero Income Questionnaire.

IMPORTANT:

Please Complete Other Side to Report Your Household Income Decrease

Household Income Decrease

Head of Household Name:	Last 4 digits of SSN:
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Address: _____

Email Address:	Current Phone:
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Name of Household Member(s) with Decreased Income: _____

Why did the income change? _____

Does the person(s) now have zero income? No
 Yes—attach completed *PHA-188 Zero Income Questionnaire*

Does the person(s) with the decrease in income plan to apply for, or have they applied for, any benefits, such as Unemployment, TANF, Worker’s Compensation, etc.? Yes No

If yes, what? _____

<p>List <u>OLD</u> income that has been decreased or ended for the effected household member <i>check the income has changed below and include gross amount</i></p>	<p>List ALL current Monthly Income for effected member <i>check all new income below and include gross amount</i></p>
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<input type="checkbox"/> Employment \$ _____ <input type="checkbox"/> SS/SSD/SSI \$ _____ <input type="checkbox"/> Unemployment Benefits \$ _____ <input type="checkbox"/> TANF \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Support from family/friend \$ _____ <input type="checkbox"/> Pension/Annuity \$ _____ <input type="checkbox"/> VA Benefits \$ _____ <input type="checkbox"/> Other (please specify) \$ _____	<input type="checkbox"/> Employment \$ _____ <input type="checkbox"/> SS/SSD/SSI \$ _____ <input type="checkbox"/> Unemployment Benefits \$ _____ <input type="checkbox"/> TANF \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Support from family/friend \$ _____ <input type="checkbox"/> Pension/Annuity \$ _____ <input type="checkbox"/> VA Benefits \$ _____ <input type="checkbox"/> Other (please specify) \$ _____
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CERTIFICATION
I/We do hereby swear and attest that all of the information reported on this form is true and complete. I/We understand that Jonesboro Housing Authority is required to verify the information that I/we have reported. I/We understand that any misrepresentation or failure to disclose information may be grounds for termination of assistance and may be punishable under Federal law.

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.*

Head of Household Signature	Date
Spouse/Co-head Signature	Date
Other Adult Signature	Date
Other Adult Signature	Date

INCOME STATEMENT

I do certify that my **gross** ____ **weekly** ____ **bi-weekly** ____ **monthly** ____ **semi-monthly** income is
\$ _____.

I receive this income from: _____,

(Example: Working – name employer; AFDC, Child Support – Child Support Enforcement Unit, Circuit/Chancery Clerk or Direct from Absent parent; Unemployment; Social Security; SSI; VA; Pension; Support from Outside Sources; other)

I certify that during past 2 year period, I have/have not disposed of more than \$2,500 in assets.

I have been told it is a five (5) year jail sentence and a \$10,000.00 fine to make a false statement.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or Agency of the U.S. as to any matter within its jurisdiction.

In the event that you fail to report income to this office, and the PHA determines that you owe back rent, you will be required to sign a repayment agreement. If you do not make regular monthly payments as agreed to, your voucher could be terminated. If you owe the PHA money, you are not eligible to move from one unit to another until the balance is paid in full.

SIGNATURE

SIGNATURE (OVER 60 DAYS)

ADDRESS (where you receive your mail)

DATE (OVER 60 DAYS)

SOCIAL SECURITY NUMBER

DATE

PHA STAFF

THIS STATEMENT IS NECESSARY FOR HUD FORM 52659 PART I OF ITEM D.

Does anyone outside your household pay for any bills or give you money on a regular basis?

YES or NO. If yes, name of provider: _____ Phone: _____

Address: _____ and amount of money received: \$ _____ wkly/mo.

Does anyone in your household (18 or older) attend school full-time? YES or NO. If yes, list name and where

attending school: _____

Do you have to pay for childcare? YES or NO. If yes, please list the following:

Childcare provider's name: _____ Phone: _____

Childcare provider's address: _____

Amount of Childcare Paid: \$ _____ How often: _____

Do you or any member of your household own or have any interest in any property? YES or NO.

If yes, what type of property _____

Do you or any member of your household own any stocks or bonds? YES or NO.

If yes, what type of stocks or bonds? _____

Warning: U.S.C. Title 18 Section 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement of entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000.00 or imprisoned for not more than five years or both.

I further understand that I am to report to this office any changes within ten (10) working days from the date they occur. (Examples: job changes, income increases or decreases, household members moving either in or out, etc...)

I understand my rent calculation will change based on the verifications received by JURHA, based on the information I supplied JURHA on this form.

HOUSEHOLD SIGNATURE/s: _____

Witness of PHA Staff Person: _____ **DATE:** _____

Name of Family		Phone #	
Address		Date	



Jonesboro Housing Authority

330 Union * Jonesboro, AR 72401 * Phone: (870) 336-9617 * FAX: (870) 336-3749 * TTY: (870) 935-9207

Executive Director: Sharon Poe

Zero Income Checklist

For families reporting zero or fluctuating income, the Jonesboro Housing Authority requires a special reexamination every ninety (90) days until the income stabilizes and an annual income can be determined. This Checklist is to be completed for all families reporting no income or if the families income is too fluctuating to project for 12 months. This form first lists all the cash and non-cash contributions the family is receiving and then assists PHA staff to compute the annual value of such contributions. This form is to be completed during the scheduled appointment at the HUD OFFICE.

Utilities Bills

What is the average monthly cost for utilities? \$_____

Electric/Water? _____

Gas? _____

How does the family pay for utilities? _____

If family receives utility check, what is amount of the utility check received? _____

=====

If someone other than a member of the tenant household makes a contribution toward the utilities, list name and # of who contributes?

What is the average monthly contribution in cash or direct payment contribution for utilities?

\$_____ **This amount is income.**

Food Expenses

Is the family receiving Food Stamps? Yes No

If yes, what is the monthly value of food stamps? \$ _____

If no, what is the family's monthly grocery bill? \$ _____

How does the family pay the monthly grocery bill? _____

=====

If someone other than a member of the applicant/tenant family contributes to groceries, list name and phone # of who contributes? _____

What is the estimated monthly cash amount for groceries contributed from all sources?

\$ _____ **This amount is income.**

Does anyone contribute groceries or prepared food to the family on a regular basis? Yes No

If yes, what is the estimated monthly value of groceries or prepared food contributed?

\$ _____ **This amount is income.**

Note: Food contributed by food banks, received from the surplus commodity program, the WIC program, or consumed at publicly or non-profit funded meal programs does not count as income.

Food contributed by private persons does count as income.

Clothing Expenses

What is the estimated monthly cost for clothing and shoes for the family? _____

How does the family pay for clothing and shoes? _____

If someone other than a member of the applicant/tenant family contributes to the cost of clothing, list name and # of who contributes? _____

What is the estimated monthly contribution (in cash or new clothes and shoes) for clothing?

\$ _____ **This amount is income.**

What is the estimated monthly amount spent by family for laundry/dry cleaning? \$ _____

How does the family pay for cleaning its clothing? _____

=====

If someone other than a member of the applicant/tenant household contributes to the cost of cleaning clothing, list name and # of who contributes? _____

What is the average monthly contribution for clothes cleaning?

\$ _____ **This amount is income.**

Note: Clothing acquired from clothing banks or given to the family second hand is not counted as income.

Cleaning, Grooming, and Paper Products Expenses

PAPER PRODUCTS

What is the estimated monthly value of paper products used by the family (include paper towels/napkins, toilet paper, trash bags, disposable diapers, dishwashing soap, laundry detergent, and any other paper/household products)? _____

How does the family pay for these paper/cleaning products?

=====

If someone other than a member of the applicant/tenant family contributes to paper/household, list name and phone # of who contributes: _____.

What is the estimated monthly value of cash contributions for paper products?

\$_____ This amount is income.

GROOMING PRODUCTS AND SERVICES

What is the estimated monthly value of grooming products and services used by family? \$ _____

Include soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician services, etc.

How does the family pay for the cost of grooming products and services? _____

=====

If someone other than a member of the applicant family contributes to grooming products, list name and phone # of who contributes? _____

What is the estimated monthly value of contributions (cash or products) for grooming products?

\$_____ This amount is income.

CLEANING PRODUCTS

What is the estimated monthly value of cleaning products used by family? \$ _____

Include dishwashing soap, laundry detergent, and household cleaning products.

How does the family pay for cleaning products? _____

=====

If someone other than a member of the applicant/tenant family contributes to cleaning products, list name and phone # of who contributes? _____

What is the estimated monthly value of cash contributions for cleaning products?

\$_____ This amount is income.

Does anyone contribute cleaning products to the family on a regular basis? Yes No

If yes, what is the estimated monthly value of cleaning products contributed to the family?

\$_____ This amount is income.

Transportation Expenses

Does the family own a car? Yes No

If yes, are there still payments due on the car? Yes No

If yes, what is the amount of the monthly car payment? \$ _____

How does the family make the car payment?

-

=====

If someone other than a member of the applicant/tenant household contributes to the car payment, list name and # of who contributes? _____

What is the monthly amount of contribution (in cash or direct payment to holder of the car note) for the car payment?

\$ _____ This amount is income.

If the family owns a car what are the estimated monthly amounts the family pays for the following:

Gas \$ _____

Insurance \$ _____

How does the family pay for these auto-related expenses? _____

=====

If someone other than a member of the applicant/tenant family contributes to the car's operating cost, list name and # of who contributes? _____

\$ _____ This amount is income.

Communications Expenses

Does family have a home/cell phone? Yes No

What is the average monthly cost for telephone service? \$ _____

How does the family pay for the cost of telephone service?

=====

If someone other than a member of the applicant/tenant household contributes to the cost of telephone service, list name and # of who contributes?

What is average monthly contribution (cash or direct payment of telephone bill) for telephone service?

\$ _____ This amount is income.

Does the family have an Internet connection? Yes No

What is the average monthly cost of the Internet connection? \$ _____

How does the family pay for the Internet connection? _____

=====

If someone other than a member of the applicant/tenant family contributes to the cost of the Internet connection, list name and # of who contributes? _____

What is average monthly contribution (cash/direct payment to internet provider) for internet services?

\$ _____ This amount is income.

Entertainment Expenses

Does the family have a cable TV connection? Yes No

What is the average monthly cost of cable TV service? \$_____

How does the family pay for the cable TV service?_____

=====

If someone other than a member of the applicant/tenant family contributes to the cost of cable TV service, list name and # of who contributes? _____

What is average monthly contribution (in cash/direct payment to the cable company) for cable TV?

\$_____ This amount is income.

Smoking Expenses

Does anyone in the applicant/tenant household smoke cigarettes or cigars? Yes No

If yes, how many packs per day are smoked by the smokers in the household?_____

If yes, what brand of cigarettes/cigars are smoked?

How does the family pay for the cost of cigarettes/cigars? _____

=====

If someone other than a member of the applicant/tenant household contributes to the cost of smoking, list name and # of who contributes?_____

What is the average monthly contribution (in cash, cigarettes or cigars)?

\$_____ This amount is income.

Pet Expenses

If the family has a pet, list the monthly expenses for:

Pet Food - \$_____

Pet Supplies - \$_____

Veterinary Care - \$_____

How does the family pay for these pet expenses? _____

If someone other than a member of the applicant/tenant household contributes to this cost, list name and # of who contributes?_____

\$_____ This amount is income.

Medical Expenses

Does the family have any un-reimbursed medical expenses? Yes No

If yes, what is the average monthly cost of un-reimbursed medical expenses? \$_____

How does the family pay for un-reimbursed medical expenses?_____

=====

If someone other than a member of the applicant/tenant household contributes toward medical expenses, who contributes? _____ **Such contributions are not income.**

Authorizations and Acknowledgments:

I, the undersigned, do hereby acknowledge this document.

I, the undersigned, certify that the declarations I have made in this document are true and complete and that all answers were given to a Public Housing Representative at the HUD OFFICE during my scheduled interview appointment.

I, the undersigned, understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for participation, and may be grounds for termination of assistance.

WARNING: Title 18, Section 1001 of the U.S. 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 U.S. or the Department of Housing and Urban Development.

NOTICE: Any attempt to obtain Assisted Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime and shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

TENANT'S NAME – HEAD OF HOUSEHOLD

DATE

HUD OFFICE USE ONLY - - - - - DO NOT WRITE BELOW THIS LINE

Date of Interview: _____

From _____ **To** _____

Interview Completed By: _____

PHA Representative Signature