



Housing Choice Voucher Program

330 Union Street

Jonesboro, AR 72401

A-D - caseworker2@jurha.org 870-336-9607

E-Ja - caseworker1@jurha.org 870-336-9606

F-Je-P - caseworker3@jurha.org 70-336-9619

Q-Si - FraudCoor@jurha.org 870-336-9621

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FSS - FSSCoor@jurha.org 870-336-9608

Fax: 870-336-3749 TTY: 870-935-9207

REPORTING A HOUSEHOLD INCOME DECREASE

Program Reporting Requirements:

- Families may request an interim decrease of the families income for any change since the last determination. **However, the PHA may decline to conduct an interim reexamination if the PHA estimates the family's adjusted income will decrease by an amount that is less than 10 percent of the family's adjusted income (see Income estimation tool provided with your reexamination).**
- 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.
- HUD requires that the PHA perform an interim reexamination for a decrease in adjusted income of any amount in two circumstances:
When there is a decrease in family size attributed to the death of a family member; or
When a family member permanently moves out of the assisted unit during the period since the family's last reexamination.
- **For your rent to change, the decrease must result in the family's adjusted income decreasing 10% of more.**
- 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-188A HCV Zero Income Affidavit.
- All adults in household must sign a HUD-9886-A form if not already on file at PHA

IMPORTANT:

Please Complete Other Side to Report Your Household Income Decrease

PHA-801 HOTMA Interim– Household Income Decrease

1-1-2025

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? _____

Check the income that has been decreased or ended

*****YOU MUST LIST ON CURRENT INCOME ON THE INCOME STATEMENT ATTACHED IN THIS PACKET*****

- | | | |
|---|--------------------------------|-----------------------|
| <input type="checkbox"/> Employment | Employer Name: _____ | Date of change: _____ |
| <input type="checkbox"/> SS/SSD/SSI | Type of Benefit: _____ | Date of change: _____ |
| <input type="checkbox"/> Unemployment Benefits | | Date of change: _____ |
| <input type="checkbox"/> TANF | Tanf Agency Name: _____ | Date of change: _____ |
| <input type="checkbox"/> Child Support | Child support Name: _____ | Date of change: _____ |
| <input type="checkbox"/> Support from family/friend | Name of Supporter: _____ | Date of change: _____ |
| <input type="checkbox"/> Pension/Annuity | Name of Pension/Annuity: _____ | Date of change: _____ |
| <input type="checkbox"/> VA Benefits | Type of VA Benefits: _____ | Date of change: _____ |
| <input type="checkbox"/> Other (please specify) | _____ | Date of change: _____ |

CERTIFICATION

I/We, the undersigned, certify under penalty of perjury that the information provided here is true and correct, to the best of my knowledge and recollection. 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: *Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to five years, fines, and civil and administrative penalties (18 U.S.C. 287, 101, 1010, 1012; 31 U.S.C. 3279, 3802).*

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

INCOME STATEMENT

Adults in each household must complete this form

By signing below, you certify that you have listed all your income below:

Identify Income from the following sources	Identify Income (such as employer name, or family support name, child support agency)	How often are you paid-week, biweekly, monthly or semi-monthly	Amount of income
Gross Wages (employment)			\$
Gross Wages (employment)			\$
Self-employment			\$
Social Security			\$
Supplemental Security Income			\$
Pension			\$
Retirement income			\$
VA benefits			\$
Family support			\$
Unemployment benefits			\$
Child support			\$
AFDC/TANF			\$
Educational Scholarship/Grant			\$
Other:			\$
Other:			\$
TOTAL ANNUAL INCOME:			\$

I, the undersigned, certify under penalty of perjury that the information provided is true and correct, to the best of my knowledge and recollection. WARNING: Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and /or civil penalties, including confinement for up to five years, fines, and civil administrative penalties, (18 U.S.C. 287, 1001, 1010, 1012; 31 U.S.C 3279, 3802). 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

Blank

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:** _____

Blank

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Jonesboro Housing Authority 330 Union Ave. Jonesboro, Arkansas 72401

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



www.jurha.org

ZERO INCOME AFFIDAVIT

General Information: In accordance with federal guidelines, you are required to report all sources of income. Income is defined in the federal regulations at 24 CFR 5.609 as all amounts, monetary or not, which (1) Go to, or on behalf of, the family head or spouse (even if temporarily absent) or to any other family member; or (2) Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and (3) Which are not specifically excluded by regulation; and (4) amounts that are derived (during the 12-month period) from assets to which any member of the family has access.

Instructions: To continue with your Annual or Interim reexamination, all adult members that have not reported income must complete this form certifying that they have no income.

FAMILY & CERTIFICATION INFORMATION

HOH Name: _____ Address: _____

Certification type (circle one): Initial Annual Interim

MEMBER CERTIFICATION

I, (print member name) _____, the undersigned, certify under penalty of perjury that the information provided is true and correct, to the best of my knowledge and recollection. **WARNING:** Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to five years, fines, and civil administrative penalties, (18 U.S.C. 287, 1001, 1010, 1023: 31 U.S.C 3279, 3802) (see warning below. I do hereby swear or affirm that I do NOT have or receive any income. This includes but is not limited to the following:

1. Wages, salaries, pay for work, commissions, fees, tips, bonuses or any other compensation for services; Initial _____
2. Income from the operation of a business or profession; **Initial** _____
3. Benefit payments such as social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of benefits; **Initial** _____
4. Payments received in the place of salary or wages; such as unemployment, worker's compensation and severance pay; **Initial** _____
5. Cash Assistance/TANF (DCF) assistance including payments suspended because of fraud or failure to comply with economic self-sufficiency or work activities requirement; **Initial** _____
6. Alimony or child support; **Initial** _____
7. Regular contributions or gifts received from someone not part of the household (this includes someone paying bills on your behalf); **Initial** _____
8. Regular pay, special pay and allowances of member of the Armed Forces (whether or not living in the dwelling); Initial _____
9. Universal or whole life insurance or other assets that have been disposed of in the last two years for less than fair market value. **Initial** _____

Member Signature and Date

HOH Signature and Date

*If you need this document in a different language or **LARGER FONT** or if you need a reasonable accommodation (persons with disabilities), please call 870-336-9601; TTY 1-870-935-9207 between 8:00am and 4:30pm, Monday through Thursday.*

