



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

SL-Z - anissal@jurha.org 870-336-9628

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

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

REPORTING A HOUSEHOLD INCOME INCREASE

Program Reporting Requirements:

- Families are required to report increases in unearned (non-working) income between annual reexaminations that result in a 10 percent or more increase in adjusted income (see Income estimation tool provide with your reexamination. The following are eaxceptions:
- PHAs may not consider any increases in earned (working) income when estimating or calculating whether the family's adjusted income has increased, unless the family has previously received an interim reduction during the same reexamination cycle; and
- PHAs may choose not to conduct an interim reexamination during the last three months of a certification period if a family reports an increase in income within three months of the next annual reexamination effective date.
- Each household member with an increase must complete a separate form.
- A delay in reporting increase of unearnd income may results in forfeiting right to 30- day notice of increase to your portion of rent. It also can cause you to owe over-paid rental assistance to the PHA.
- 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.
- Verification of the new income being reported must be attached, such as check stubs or new hire letter from employer.
- If the household member with a new job is a full-time student, attached verification of current full-time enrollment.
- All adult family member must sign HUD-9886-A if not already on file at PHA.

IMPORTANT:

Please Complete Other Side to Report Your Household Income Increase

PHA-802 HOTMA Interim– Household Income Increase

1/1/2025

Household Income Increase		
Head of Household Name:	Last 4 digits of SSN:	
Address:		
Email Address:	Current Phone:	
Name of Household Member(s) with New Income: _____ _____		
New Income Type (check all that apply)	Monthly Amount	Examples of Verification (must be attached)
<input type="checkbox"/> New Job Name of employer:		<i>Verification of Employment Status</i> letter from employer, check stubs
<input type="checkbox"/> Social Security: SS, SSD, or SSI		Social Security Award Letter
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)		Verification needed only if out-of-state benefit
<input type="checkbox"/> Unemployment Benefits		Verification from unemployment office
<input type="checkbox"/> Child Support		Payment History print out
<input type="checkbox"/> Veteran's Administration (VA) Benefits		Current VA verification letter
<input type="checkbox"/> Pension/Annuity		Most recent statement of current amount
<input type="checkbox"/> Regular support from family/friend/bill payment		Written statement from person paying, or contact your caseworker to request a form
<input type="checkbox"/> Self-employment, odd jobs, recycling, etc.		IRS Form 1040 Schedule C, or contact your caseworker for documentation of expenses and income.
<input type="checkbox"/> Other (please specify) _____		Written verification from source
CERTIFICATION		
<i>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 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.</i>		
WARNING: <i>Anyone who knowingly submits a false claim or knowingly make 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).</i>		
Head of Household Signature	Date	
Spouse/Co-head Signature	Date	
Other Adult Signature	Date	
Other Adult Signature	Date	
Other Adult Signature	Date	

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

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

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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.