



NORTHAMPTON HOUSING AUTHORITY

49 Old South Street, Suite 1 • Northampton, MA • 01060
T 413-584-4030 • F 413-582-1350 • TDD 711 •

Rec.:

Proc.


CHANGE FORM

Please note that it may take up to 30 business days for Northampton Housing Authority to process your request once it is received.

Applicants and Residents are responsible for notifying the Northampton Housing Authority, in writing, if any information changes related to household composition, contact information, income and/or selection preferences. Household Information Change Forms may be submitted in person or mailed to:

**Northampton Housing Authority
ATTN: Public Housing
49 Old South Street
Northampton, MA 01060**

If you have questions regarding the application process, please contact our Public Housing Department at (413) 584-4030.

1. HEAD OF HOUSEHOLD (Required)				X	X	X	-	X	X	-				
Last Name:	First Name:	Middle Initial:	Social Security Number (SSN):											
<div>ENTER INFORMATION BELOW ONLY IF IT REPRESENTS A CHANGE FROM YOUR LAST APPLICATION OR UPDATE. PLEASE NOTE THAT CHANGES THAT LEAD TO A CHANGE IN PREFERENCE OR REQUIRED BEDROOM SIZE MAY AFFECT YOUR PLACEMENT ON THE WAITING LIST.</div>														
2. NEW ADDRESS														
Address, including Apt. number -														
City:				State:				Zip:						
3. HOUSEHOLD INFORMATION (Complete only if there is a change)														
First Name	Middle Initial	Last Name	SSN ###-##-####	Relationship to Head of Household	Date of Birth mm/dd/yyyy	Gender (M or F)	Add or Remove							
1.			- -	Head	/ /									
2.			- -		/ /									
3.			- -		/ /									
4. INCOME INFORMATION (Complete only if there is a change)														
Full Name	Income	Frequency of Pay (do not use hourly)	Source of Income (Describe if Other)											
	\$		<input type="checkbox"/> Wages <input type="checkbox"/> Pension <input type="checkbox"/> S.S. <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFDC <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> Other: _____											
	\$		<input type="checkbox"/> Wages <input type="checkbox"/> Pension <input type="checkbox"/> S.S. <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFDC <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> Other: _____											



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Name of Head of Household: _____

5. SELECTION PREFERENCE

Check ALL of the following situation(s) that apply to your household (Please note that when your name reaches the top of any waiting list, you will be required to provide verification of the preference(s) selected):

☐ **Northampton Resident** – You are **permanently** living in Northampton, MA on the date that you submit this form and at the time of screening and lease-up.

☐ **Northampton Shelter or Transitional Facility** – You are living in a Northampton shelter or transitional facility or you were living in a Northampton shelter or transitional facility and were relocated by the Department of Transitional Assistance (DTA) or other service provider to a facility outside of Northampton.

Name of Facility/Shelter Address City State Zip Code

☐ **Employment in Northampton** – You are not a resident of Northampton; however, you are employed or about to be employed in Northampton on the date that you submit this form and at the time of screening and lease-up.

Name of Employer Address City State Zip Code

6. ADDITIONAL CHANGES

Please use the space below to make any changes not listed elsewhere on this form. ☐

7. NOTICE OF NONDISCRIMINATION

The Northampton Housing Authority does not discriminate on the basis of race, religion, sex, color, national origin, age, disability or familial status. We provide equal access to persons with disabilities to our programs, services and activities.

8. APPLICATION CERTIFICATION

I understand that this form is not an offer of housing. Based on this form, I understand that I should not make any plans to move or end my present tenancy. I understand that it is my responsibility to inform the Housing Authority of any change of address, income, reasonable accommodation, waitlist selection and/or family composition or my application will be withdrawn. I certify that the information I have given on this document is true and correct. I understand that any false statement or misrepresentations are criminal offenses punishable under state and federal laws. I also understand that providing false statements or information are grounds for rejection of my application or termination of tenancy or program participation.

Applicant Signature

Date



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FORMULARIO PARA CAMBIAR INFORMACION

Rec.:

Proc.

Tenga en cuenta que es posible que Northampton Housing Authority tarde 30 días hábiles en procesar una vez recibida.

Los solicitantes y residentes tienen la responsabilidad de notificar a Northampton Housing Authority por escrito de cualquier cambio en la información relacionada con la cantidad de personas que componen el hogar, la información de contacto, los ingresos y/o las preferencias en la selección. Los formularios para cambiar la información del grupo familiar se pueden entregar en persona o enviarse por correo a:

Northampton Housing Authority
ATTN: Public Housing
49 Old South Street
Northampton, MA 01060

Si tiene alguna pregunta sobre el proceso, póngase en contacto con Public Housing llamando al at (413) 584-4030.

1. CABEZA DEL GRUPO FAMILIAR (Obligatorio)

Apellido:	Nombre:	Inicial del segundo nombre:	Número del seguro social (SSN):
			X X X - X X -



INGRESE LA SIGUIENTE INFORMACIÓN SOLO SI HUBO ALGÚN CAMBIO DESDE LA ÚLTIMA SOLICITUD O ACTUALIZACIÓN. TENGA EN CUENTA QUE LOS CAMBIOS RELACIONADOS CON UN CAMBIO EN LAS PREFERENCIAS O EN EL TAMAÑO DE LA HABITACIÓN REQUERIDO PUEDE AFECTAR

2. NUEVA DIRECCIÓN

Dirección, incluyendo número de apartamento		
Ciudad:	Estado:	Código postal:

3. INFORMACIÓN SOBRE EL GRUPO FAMILIAR (Complete solo si hay algún cambio)

Nombre	Inicial del segundo nombre:	Apellido	SSN ###-##-####	Relación con la cabeza del hogar	Fecha de nacimiento mm/dd/aaaa	Sexo (M o F)	Agregar o Eliminar
1.			- -	Cabeza del hogar	/ /		
2.			- -		/ /		
3.			- -		/ /		

4. INFORMACIÓN SOBRE INGRESOS (Complete solo si hay algún cambio)

Nombre completo	Ingresos	Frecuencia de pago (no por hora)	Fuente de ingreso (describir si existe otra)
	\$		<input type="checkbox"/> Salario <input type="checkbox"/> Pensión <input type="checkbox"/> Seguro social <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFDC <input type="checkbox"/> Manutención de niños <input type="checkbox"/> Desempleado <input type="checkbox"/> Otra: _____
	\$		<input type="checkbox"/> Salario <input type="checkbox"/> Pensión <input type="checkbox"/> Seguro social <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFDC <input type="checkbox"/> Manutención de niños <input type="checkbox"/> Desempleado <input type="checkbox"/> Otra: _____





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Nombre de la cabeza del hogar: _____

5. PREFERENCIAS DE SELECCIÓN

Marque TODAS las siguientes situaciones que correspondan a su grupo familiar (tenga en cuenta que cuando su nombre llegue al principio de cualquier lista de espera, deberá verificar la(s) preferencia(s) seleccionada(s)):

- ☐ **Residente de Northampton**— Usted reside de forma permanente en Northampton en la fecha que presenta este formulario y en la fecha de la selección y el período inicial de arrendamiento.

_____ dirección _____ ciudad _____ estado _____ código postal

- ☐ **Refugio o centro de transición de Northampton** — Usted vive en un refugio o centro de transición de Northampton o vivió en un refugio o centro de transición de Northampton y fue reubicado por el Departamento de Asistencia Transicional (DTA) u otro prestador de servicios a un centro fuera de Northampton.

_____ nombre del refugio centro _____ dirección _____ ciudad _____ estado código postal

- ☐ **Empleo en Northampton** — Usted no es residente de Northampton; sin embargo, está empleado o está por ser empleado en Northampton en la fecha de la presentación del formulario y en el momento de la selección y período inicial de arrendamiento.

_____ nombre del empleador _____ dirección _____ ciudad _____ estado código postal

6. CAMBIOS ADICIONALES

Utilice el siguiente espacio para realizar cualquier cambio que no esté indicado en cualquier otra parte de este formulario.

7. NOTIFICACIÓN DE NO DISCRIMINACIÓN

La Northampton Housing Authority no discrimina en base a la raza, religión, sexo, color, nacionalidad de origen, edad, discapacidad o situación familiar. Ofrecemos el mismo acceso a personas con discapacidades para nuestros programas, servicios y actividades.

8. CERTIFICACIÓN DE LA SOLICITUD

Comprendo que este formulario no es un ofrecimiento de una vivienda. De acuerdo con este formulario, comprendo que no debo hacer ningún plan para mudarme o dar por finalizado mi alquiler actual. Comprendo que tengo la responsabilidad de informar a Housing Authority cualquier cambio en la dirección, ingreso, adaptación razonable, selección de lista de espera y/o composición de mi familia o mi solicitud quedará anulada. Certifico que la información proporcionada en este documento es verdadera y correcta. Comprendo que cualquier declaración falsa o tergiversación constituye un delito penal punible en virtud de las leyes estatales y federales. Asimismo, comprendo que cualquier declaración falsa o tergiversación es razón suficiente para rechazar mi solicitud o dar por finalizado mi alquiler o participación en el programa.

Firma del solicitante

Fecha

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

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 that you 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; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and 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 household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental 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.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years 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 concerning unearned income (i.e., interest and dividends). 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 regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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 expires 15 months after signed.

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 Act Notice. 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). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. 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, the HA and any owner (or any employee of HUD, the HA or the owner) 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, the HA or the owner responsible for the unauthorized disclosure or improper use.



NORTHAMPTON HOUSING AUTHORITY

*This is an important document. Please let us know if you need help with translation.
Este es un documento muy importante. Por favor déjeme saber si necesita ayuda con la traducción.*

GENERAL AUTHORIZATION OF RELEASE OF INFORMATION

Name: _____

Address: _____

DOB# ____/____/____

SS# ____-____-____

I, the above named individual, have authorized the **Northampton Housing Authority** to verify the accuracy of the information which I have provided to the Housing Authority from the following sources(specify):

- Banks
- Financial Institutions
- Courts
- Criminal History Board
- Employers: past and present
- Schools and Colleges
- U.S. Internal Revenue Service
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- U.S. Social Security Administration
- U.S. Department of Veteran's Affairs
- Welfare Agencies
- Mass. Dept. of Revenue – Wage Reporting and Bank Match Systems
- Mass. Dept. of Revenue – Child Support Enforcement.

Providers of:

- Alimony
- Child Care
- Child Support
- Credit
- Pensions/Annuities
- Medical

I hereby give you my permission to release this information to the Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Housing Authority within five (5) days of receipt of this request. **This authorization is valid for one year from the date signed below.**

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your cooperation in this matter.

(signature)

Date signed: _____