



**ERIE METROPOLITAN HOUSING AUTHORITY**  
**322 WARREN ST., SANDUSKY, OH 44870**  
**419-625-0262**

CHANGE IN INCOME REPORTING FORM

TODAY'S DATE: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

CONTACT TELEPHONE NUMBER: \_\_\_\_\_

YOUR CASE MANAGER'S NAME: \_\_\_\_\_

**PLEASE BE SPECIFIC WHEN REPORTING YOUR CHANGE:**

- NEW EMPLOYMENT:
  - NAME OF NEW EMPLOYER: \_\_\_\_\_
  
- CHANGE OF EMPLOYERS:
  - NAME OF PREVIOUS EMPLOYER: \_\_\_\_\_
  - LAST DATE WORKED: \_\_\_\_\_
  - NAME OF NEW EMPLOYER: \_\_\_\_\_
  - FIRST DATE OF NEW EMPLOYMENT: \_\_\_\_\_
  
- LOSS OF EMPLOYMENT:
  - NAME OF EMPLOYER: \_\_\_\_\_
  - LAST DATE WORKED: \_\_\_\_\_
  
- INCREASE OR DECREASE IN WORK HOURS:
  - DATE HOURS INCREASED OR DECREASED: \_\_\_\_\_
  - CURRENT NUMBER OF HOURS WORKED: \_\_\_\_\_
  - IS THIS AN INCREASE OR A DECREASE IN HOURS?     Increase     Decrease
  
- OTHER CHANGE(S) OF INCOME: \_\_\_\_\_  
\_\_\_\_\_

**IF YOU PAY CHILDCARE WHILE ATTENDING WORK OR SCHOOL:**

- CO-PAY THRU ERIE COUNTY JOB & FAMILY SERVICES \_\_\_\_\_
  
- PRIVATE BABYSITTER:
  - NAME OF BABYSITTER: \_\_\_\_\_
  - ADDRESS OF BABYSITTER: \_\_\_\_\_
  - PHONE NUMBER OF BABYSITTER: \_\_\_\_\_

**CHANGES TO REPORT OTHER THAN ABOVE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ERIE METROPOLITAN HOUSING AUTHORITY

## AUTHORIZATION FOR RELEASE OF INFORMATION

**CONSENT:**

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to the Erie Metropolitan Housing Authority (EMHA) any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under Section 8 Rental Rehabilitation, Low Income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD and or the EMHA to release information from my file about rental history to HUD, credit bureaus, other government agencies, collection agencies, or future landlords. This includes any information on my payment history, and any violations of my lease or EMHA policies.

**INFORMATION COVERED:**

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to: identity and marital status, child custody information, child support, Medicaid, food stamp, employment, income and assets, residences and rental activity, medical or child care allowances and credit and criminal activity.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:**

The groups of individuals that may be asked to release the above information (depending on program requirements) include but are not limited to: previous landlords (including public housing authorities), courts and post offices, schools and colleges, support and alimony providers including the Child Support Enforcement Agency, past and present employers, welfare agencies including Children Services and Family and Workforce Development, state unemployment agencies, social security administration, medical and childcare providers, veteran's administration, retirement systems, banks, and other financial institutions, credit provider's, credit bureau's and utility companies.

**COMPUTER MATCHING NOTICE AND CONSENT:**

I understand that HUD or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right of notification of any adverse information found and a chance to disprove incorrect information. HUD or the EMHA may in the course of its duties exchange such automated information with the other Federal, State or local agencies, including but not limited to: state employment agencies, Department of Defense, Office of Personnel Management, the US Postal Service, the Social Security Administration and government welfare including, but not limited to the Child Support Enforcement Agency, Children Services, and Family & Workforce Development agencies.

**CONDITIONS:**

I agree that a photocopy of this authorization may be used for the purpose stated above. The original is on file with the EMHA and will stay in effect for fifteen (15) months from the date it was signed. I understand I have the right to review my file and correct any information that I can prove is correct.

**SIGNATURES:**

\_\_\_\_\_  
HEAD OF HOUSEHOLD

\_\_\_\_\_  
SOCIAL SECURITY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADULT MEMBER

\_\_\_\_\_  
SOCIAL SECURITY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADULT MEMBER

\_\_\_\_\_  
SOCIAL SECURITY

\_\_\_\_\_  
DATE

NB:rw