

Add Adult to Household Request

Please complete the attached paperwork with the adult you would like to add to your household. Once completed, please submit this packet to the Housing Authority along with the following:

- Social Security Card
- Picture ID
- Income information
- Permission from landlord to add new household member (there is a form in this packet you can use)

When the information above has been submitted to the RHA, we will process your request and notify you by mail.

Thanks,

RHA Staff



Annual Re-certification

Name & mailing address for Head of Household:	Living address if different from mailing:	Return by:
		Date mailed by RHA:
		Telephone:
County of Rental Unit:	Email:	Cell phone:

List all persons who are living in your home, listing Head of Household first.

If any change in household members, please write an explanation on a separate piece of paper.

Name	Relationship to Head of Household	Date of Birth	Social Security Number
	Head of Household		

Yes No



Are you or any household member currently employed? *If yes, attach the two (2) most recent check stubs.*

Household Member	Company/Supervisor's Name	Phone	Fax

Yes No



Do you or any household member receive social security income, disability income, retirement funds or pensions? *If yes, attach the most recent statement(s).*

Household Member	Type of Income	Monthly Amount
		\$
		\$
		\$
		\$
		\$

Yes No



Does anyone outside your home give you cash or pay any of your bills? *If yes, please provide information below.*

Name	Address	Phone	Monthly Amount
			\$
			\$
			\$
			\$
			\$

Yes No **4** Do you or any household member receive assistance from Work First? *If yes, provide print-out from DSS.*

Household Member	Monthly Amount
	\$

Yes No **5** Are you or any household member receiving any other sources of income? *If yes, provide most recent benefit statement.*

Household Member	Workers Comp	VA Benefits	Unemployment Benefits	Self-Employment Income	All Other Income Including Alimony
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

Yes No **6** Are you or any household member attending school? *If yes, provide a copy of class schedule showing credit hours, any financial aid/Pell grant statement. Include statement(s) of tuition.*

Student	Name of School	Circle One E=Elementary HS=High School C=College	Financial Aid/Pell Grant Information
		E HS C	
		E HS C	
		E HS C	

Yes No **7** Are you or any household member paying childcare expenses to enable a family member to work, seek work or further their education? *If yes, please attach receipts for the past 2 months, or copy of DSS parent fee.*

Yes No **8** Are you or any household member registered as a lifetime sex offender?
If yes, name of household member(s) _____

Yes No **9** In the past year, have you or any household member been convicted of drug related or violent crime(s)?
If yes, name of household member(s) _____

Yes No **10** Are you or any household member pregnant?
If yes, name of household member(s) _____

Yes No **11** Do you pay for a care provider, medical equipment and/or any other medical premiums for an elderly (62 or older) or disabled family member, so you or a family member may work? *If yes, please attach receipts for past year.*

Yes No

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Do you or any member of the household have assets? Assets include: Checking account(s), savings account(s), stocks, bonds, savings certificates, money market funds, any investment accounts, property (real estate), trust funds, retirement account(s), inheritance(s), lottery winnings, cash from the sale of asset(s), life insurance policies, any lump sum payments(s). *If yes, list below and provide most recent statement.*

Household Member	Account Type	Bank/Institution	Average Balance
			\$
			\$
			\$

Yes No

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Do you or any household member receive child support payments from an absent parent through DSS? *If yes, attach a DSS payment history showing the past 3 months.*

Household Member	Monthly Amount
	\$
	\$

Yes No

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Do you or any member of the household receive child support payments directly to you by absent parent? *If yes, provide the following information below.*

Absent Parent	Address	Phone	Monthly Amount
			\$
			\$

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014
exp. 07/31/2021

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

Western Piedmont Council of Governments | Regional Housing
Authority

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.

Your signature Authorizes WPCOG to have access to information as specified below:

Medical, Pharmacy, Life Insurance, Pensions, Veterans Administration, Criminal Records, Contributions, Child Care, Utility providers, Public Housing Agencies, Child Support, Department of Health and Human Services, Department of Social Services.

By signing below, I certify that I have read and understood the information above and that all information provided in this packet is true and complete to the best of my knowledge.

By signing below, I certify that I understand that RHA policy states I am responsible for reporting changes to my income or any change to the family members who live in my home within 10 days of the change.

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.



Authorized Representative Certification - OPTIONAL

If you would like to give permission to a person/agency/payee to communicate with WPCOG Regional Housing Authority (RHA) on your behalf - regarding your Housing status, then you must complete this form.

Name of person who has permission to communicate with the RHA:

Name: _____ Agency: _____

Email: _____ Phone number: _____

Name of person who has permission to communicate with the RHA:

Name: _____ Agency: _____

Email: _____ Phone number: _____

By signing this form, I agree to give the above named individuals the permission to communicate with WPCOG Regional Housing Authority.

Head of Household signature:

Date:



This institution is an equal opportunity provider. It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.

**MEDICAL/PHARMACEUTICAL EXPENSE VERIFICATION (OUT OF POCKET EXPENSES ONLY)
FOR ELDERLY, HANDICAPPED AND DISABLED FAMILIES *OPTIONAL**

If your household pays out-of-pocket medical expenses for an elderly, handicapped or disabled family member, you may be eligible for a deduction in rent. If you want to be considered for a deduction, you MUST complete this form. The RHA will apply the deduction if your family is eligible.

I _____ (**Head of Household Name**) hereby authorize the following Medical Professional or Pharmacist to release the information requested below.

Signature: _____ Date: _____

Medical Professional to Complete:

The above named individual is anticipated to have out-of-pocket medical expenses during the next 12 months amounting to: \$ _____.

Medical Professional's Name: _____

Medical Professional's Signature: _____ Date: _____

Facility & Location: _____ Phone #: _____

Pharmacy to Complete:

The above named individual is anticipated to have out-of-pocket medical expenses for the use of prescriptions and/or therapeutic equipment over the next 12 months amounting to: \$ _____

Pharmacist's Name: _____

Pharmacist's Signature: _____ Date: _____

Facility & Location: _____ Phone #: _____

Dear Medical Professional:

We are required to complete our determinations of deductible medical expenses within a specified time. Therefore, your prompt reply is appreciated. Please return to: **WPCOG, Regional Housing Authority, P.O. Box 9026, Hickory, NC 28603.**



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Add Adult to Household Request | Landlord Permission

Tenant Name: _____

Name of New Member: _____

The above tenant has requested to add an adult to their household. To add an adult to the household the Housing Authority needs your permission.

Please sign below or email your Housing Specialist to give permission for your tenant to add the listed adult to their household.

Signature of Landlord/Property Manager

Date

Alexander County | Jennifer Cater | jennifer.cater@wpcog.org
Burke County | Kaleigh Reinhardt | kaleigh.reinhardt@wpcog.org
Caldwell County | Lisa Acuff | lisa.acuff@wpcog.org
Catawba County | Jennifer Cater | jennifer.cater@wpcog.org