



HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT



Assisted Housing Department/Section 8

INTERIM CHANGE NOTICE

(All Changes Must Be Reported Within 10 Days)

Dear Participant:

If there has been a change in your household income or family composition, please fill out the information below. The Employment Verification Form will no longer be given out. It will be forwarded to the assigned Housing Specialist who will process and send the necessary forms to your present/former employer or the applicable third-party source.

REQUEST FOR CHANGE OF INFORMATION VERIFICATION

Please check the appropriate box for the reason of change:

- Checkboxes for reasons of change: New Job, Loss of Wages/Income, Return to Work, Increase in Hours, Reduction in Hours, Pension/Retirement, Add New Benefits (SSI, SS, VA, contributions etc.), Reduction in Benefits (SSI, SS, VA, contributions, etc.), Increase in Benefits (SSI, SS, VA, contributions, etc.), Change in Family Composition (add/delete), Medical Leave (if longer than 30 days), TANF (add/delete/change amount), Child Support (add/delete/change amount; circle one), Alimony, Change in Rate of Pay (increase/decrease), Unemployment (new benefits), Increase in Unemployment Benefits, Reduction in Unemployment Benefits, Worker's Compensation, Other: _____

In order for the Housing Authority of the Birmingham District (HABD) to process your request, you must attach any documentation or verification of your submitted change(s) to this form. Providing this information will help us process your request more timely and efficiently. All reported changes will be verified via a third-party source prior to any changes in rental assistance taking effect. Please continue to pay your current rental portion until you have been notified in writing of the new amount to pay by the HABD.

Tenant Name: _____ Counselor Name: _____

If reporting changes in employment, please provide the following:

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____ Employer Fax Number: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (legal name), do hereby authorize any agencies, offices, groups, organizations or business firms to release to the HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT any information or materials which are deemed necessary to complete and verify my application for participation and/or to maintain my continued assistance under the Section 8 Housing Choice Voucher Program and the Section 8 Project Based Voucher Program. The information needed may include verification or inquiries regarding my identity, household members, employment and income, assets, allowances or preferences I have claimed and residency. These organizations are to include, but not limited to: financial institutions; past or present employer; educational institutions; Social Security Administration; welfare and food stamp agencies; Veterans Administration; court clerks; utility companies; Workmen's Compensation Payers; public and private retirement systems; law enforcement agencies; medical facilities and credit providers.

I understand that the Department of Housing and Urban Development (HUD) and/or the Housing Authority of the Birmingham District may conduct computer matching programs in order to verify the information supplied on my application or recertification. It is understood and agreed that this authorization of the information obtained with its use may be given to and used by HUD and/or HABD in the administration and enforcement of program rules and regulations and that HUD and/or HABD may in the course of its duties obtain such information from other Federal, State or local agencies, including State Employment Agencies; Department of Defense; Office of Personnel Management; the Social Security Administration; and State welfare and food stamp agencies.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above.

Address _____ City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____ Telephone _____ Email Address _____ Alternate Form of Contact _____

Signature (head of household) _____ Date _____

Signature (other family member over 18) _____ Date _____

In Case of Emergency - Contact Name _____ Telephone _____ Relationship to Head of Household _____