

VOLUNTARY RESIDENT REQUEST INTERIM RECERTIFICATION

I/We _____ of _____

Apartments, residing in Unit # _____, is/are hereby requesting an interim recertification due to reason(s) specified below (check all boxes that apply). Effective dates of income increase and decrease must be filled out.

1. **FAMILY INCOME:**

Increase in Income: Name of the person(s) change is for : _____

Source of Income: Wages Place of Employment: _____ Unemployment

SS/SSI Welfare Child Support Other _____

Amount now receiving: \$ _____ per hour per month

DATE OF INCREASE: _____

Reason(s) for change : _____

Decrease in Income: Name of the person(s) change is for : _____

Source of Income: Wages Place of Employment: _____ Unemployment

SS/SSI Welfare Child Support Other _____

Amount now receiving: \$ _____ per hour per month

DATE OF DECREASE: _____

Reason(s) for change : _____

2. **FAMILY COMPOSITION (NUMBER OF FAMILY MEMBERS):**

Increase in Family size: Name of Family Member Being Added: _____

Is this member currently residing in the unit? Yes No

DATE OF ADDITION: _____

Reason for request for adding: _____

Decrease in Family size: Name of Family Member Being Removed: _____

DATE OF REMOVAL: _____

Reason for removing family member: _____

3. **OTHER CHANGES:** _____

This change will last: less than 30 days more than 30 days Unknown

I/We do hereby certify that the information is true and correct to the best of my/our knowledge. I/We hereby understand that the current rent will not be recalculated until I/we have furnished all required documentation. If further documentation is required, I/We can be reached at (Phone) _____ . I also understand that it is my responsibility and obligation to report any

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other changes in my household income/composition in writing immediately within 14 days of their occurrence.

Resident's Signature	Date	Resident's Signature	Date
		Manager's Signature	Date

For Management/Compliance use.

EIV Reports: Summary Income Discrepancy Date: _____ Copy of 9887/9887A Date: _____

- The above request has been approved.
- The above request has been denied due to the following reason(s):

You have 14 days to respond in writing or to request a meeting to discuss this decision. Should a household member have a disability which prevents you from reporting in writing, management will provide a reasonable accommodation.

Property Representative	Date
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PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA, and any owner (or any employee of HUD, the PHA, 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 this verification form is restricted to the purposes cited above. 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 PHA, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

