

Authorization for the Release of Information

Tenant ID _____

HA requesting release of information:

Tarrant County Housing Office
2100 Circle Drive, Suite 200
Fort Worth, TX 76119

(817) 531-7640

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 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 information that is obtained based on the consent 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.

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. 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	
_____ Spouse	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date	_____ Other Family Member over age 18	_____ Date

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 this 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 HA or the owner responsible for the unauthorized disclosure or improper use.



**Tarrant County Housing Assistance Office
INTERIM REPORTING CHANGE FORM**

Date **CHANGE** Reported: _____

Date **CHANGE** Received By TCHAO _____

Date of Next Annual _____

PART I. Personal

Head of Household _____	_____
Print Name	Social Security Number
Telephone: _____	Cell Phone: _____
eMail Address: _____	

PART II. TYPE OF CHANGE

Please Check Only the **Box(es)** of the **CHANGE** that you are Reporting Today!
FAILURE TO PROVIDE DOCUMENTATION COULD RESULT IN TERMINATION OR DENIAL OF CHANGE.

<input type="checkbox"/> 1. DECREASE in Income of: Name _____ Documentation Attached: ___ Yes ___ No ___ Lost Job ___ Reduction in Wages or Benefits from: Employer Name: _____ Address _____ City _____ Zip _____ ___ Child Support ___ Unemployment Benefits ___ Social Security ___ Other Amount Reduced From \$ _____ ___ Hourly ___ Average Hours (Estimate if unknown) To \$ _____ ___ Hourly ___ Average Hours (Estimate if unknown)	<input type="checkbox"/> 2. INCREASE in Income of: Name _____ Documentation Attached: ___ Yes ___ No Old Salary \$ _____ New Salary \$ _____ Source of Increase in Income: Employer Name _____ Address _____ City _____ Zip _____ ___ Child Support ___ Unemployment Benefits ___ Social Security ___ Other Amount Increased From \$ _____ ___ Hourly ___ Average Hours (Estimate if unknown) To \$ _____ ___ Hourly ___ Average Hours (Estimate if unknown)
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<input type="checkbox"/> 3. Change in Household Composition Documentation Attached: ___ Yes ___ No Name of Person(s) ___ Leaving 1. _____ 2. _____ ___ Adding 1. _____ 2. _____	<input type="checkbox"/> 4. STUDENT Status Change Documentation Attached: ___ Yes ___ No Student Name _____ ___ Currently Enrolled ___ No Longer Enrolled ___ Other (Specify) _____
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<input type="checkbox"/> 5. Change in Name Documentation Attached: ___ Yes ___ No Reason for Name Change _____ From _____ To _____ New name on Social Security Card MUST be provided to Tarrant County Housing within 60 Days or Termination may occur.

<input type="checkbox"/> 6. Change in CHILD CARE Allowance ___ Increased from \$ _____ To \$ _____ ___ Decreased from \$ _____ To \$ _____ Provider Name: _____ Telephone _____ Address _____ City _____ Zip _____

PART III. CLIENT CERTIFICATION

<i>I hereby certify, under penalty of perjury, that the above information is true and complete. (Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or agency of the United States as to any matter within its jurisdiction).</i>	
_____ Signature of Head of Household	_____ Date

ALL CHANGES MUST BE REPORTED TO TCHAO WITHIN 10 CALENDAR DAYS AFTER THE CHANGE OCCURS.