



East Hartford Housing Authority
546 Burnside Ave, East Hartford, CT 06108

Main Office
860-290-8301

Maintenance\24 Hour Emergency
860-290-8300

TDD 1-800-545-1833 ext 216

Finance Dept Fax
860-290-8308

Leasing Dept Fax
860-289-1688

www.ehhousing.org

Interim Changes

Please choose one of the following

Please choose the reason for the rent change

In your own words, please tell us what has changed

Please complete the attached interim rent change form and return along with updated documentation.

If you have no income at this time, you need to complete a notarized no-income statement. The no-income form may be obtained at the EHHA front desk.

If you are reporting a change in family composition, such as a new baby, you will need to provide a copy of your baby's long form Birth Certificate and Social Security card. Any other requested additions to your family are required in writing and must be reviewed.

Once the documentation has been reviewed by EHHA staff, you will be notified by mail or phone of your new rent amount.

JAMES KATE
CHAIRMAN

PRESCILLE YAMAMOTO
VICE CHAIRMAN

JOHN CARELLA
TREASURER

HAZELANN COOK
COMMISSIONER

KATHLEEN STEPHENS
COMMISSIONER

DEBRA BOUCHARD
EXECUTIVE DIRECTOR

RALPH J. ALEXANDER
LEGAL COUNSEL

EQUAL HOUSING OPPORTUNITY



EQUAL OPPORTUNITY EMPLOYER



East Hartford Housing Authority
546 Burnside Avenue, East Hartford, CT 06108

**INTERIM/ ANNUAL RE-EXAM
APPLICATION**

NAME: _____

PHONE: H: _____ W: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHECK REASON FOR CHANGE

- Increase in Income
- Decrease in Income
- Change in type of income
- Changes in deductible expense
- Change in household size
- Transferring units
- Other (explain)

RACE:

- 1. White
- 2. Black
- 3. American Indian
- 4. Asian

- 1. Hispanic
- 2. Non-Hispanic

ELDERLY STATUS:

- 0. Head/spouse non-elderly
- 1. Head/spouse 62 or older
- 2. head/spouse disab/handi

ASSISTANCE STATUS:

- 4. Moving with Sec. 8 assist
- 5. Continuing with Sec 8 assist

FAMILY COMPOSITION: List all persons who will be living in the household.

NAME	RELATION	SOC. SEC. #	SEX	AGE	D.O.B.	PLACE OF BIRTH	ELDERY, HANDI?

EMPLOYMENT INFORMATION: List all full and/or part time employment for *all members* of the household. Includes self employment. Give complete name and address of employer.

FAMILY MEMBER	EMPLOYER NAME AND ADDRESS	RATE/HR	HRS/WK	TIPS

OTHER INCOME: List income from Welfare, Soc. Sec, SSI, Pensions, Wrkrs. Comp., Unemployment, Babysitting, Child Support, Rental Property, Military Pay, Earned Income Tax Credits, Scholarships, Grants, Work Study, Alimony, Etc. Including CLAIM # or ID#.

FAMILY MEMBER	INCOME SOURCE & ADDRESS	ID# OR CLAIM #	AMOUNT	Circle one
				PER
				PER

ASSETS: List all bank accounts (sav & check), stocks, bonds, securities, certificate of deposits, credit union shares, IRA, 401K or Keogh plans, savings bonds, or any possessions kept for investment purposes, **INCLUDING ANY ASSET DISPOSED OF WITHIN THE LAST TWO (2) YEARS.** Please include complete address and account numbers.

FAMILY MEMBER	NAME & ADDRESS OF BANK, BROKER, ETC.	ACCOUNT NUMBER	BALANCE/VALUE

CHILD CARE EXPENSES: List child care expenses for care of children age 12 and younger. Only list those expenses that enable you or another household member to work or attend school, **ONLY THE PORTION THAT YOU PAY.**

NAME AND COMPLETE ADDRESS OF PROVIDER	AMOUNT	AMOUNT/WK

ELDERLY, HANDICAP, DISABLED, RAP PROGRAM AND KING COURT ONLY:

List below expenses for medical conditions of a continuing nature. These include health insurance, prescriptions, doctors, dentists, eyeglasses, hearing aides, outstanding medical or hospital bills on which you are making regular payments. LIST PRESCRIPTION NUMBERS; COMPLETE NAMES & ADDRESSES OF PHARMACIES, DOCTORS, HOSPITALS, DENTIST, ETC.

FAMILY MEMBER	NAME & ADDRESS (WHOM YOU PAY)	AMOUNT	HOW OFTEN

.....
APPLICANT CERTIFICATION: PLEASE READ CAREFULLY AND SIGN. UNSIGNED APPLICATIONS WILL BE REJECTED.

I/WE CERTIFY THAT THE INFORMATION GIVEN ON HOUSEHOLD COMPOSITION, INCOME, NET FAMILY ASSETS, ALLOWANCES AND DEDUCTIONS, AS WELL AS ALL OTHER INFORMATION PROVIDED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY FEDERAL LAW WITH FINES UP TO \$10,000 OR IMPRISONMENT FOR UP TO 5 YEARS. I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE, TERMINATION OF TENANCY, AND/OR RETROACTIVE RENT INCREASES.

SIGNATURE OF HEAD OF HOUSEHOLD	DATE	SIGNATURE OF SPOUSE OR OTHER ADULT	DATE
--------------------------------	------	------------------------------------	------

.....
WARNING: Section 1001 of the 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 matters within its jurisdiction.



East Hartford Housing Authority
546 Burnside Ave, East Hartford, CT 06108

Main Office 860-290-8301 Maintenance\24 Hour Emergency 860-290-8300 TDD 1-800-545-1833 ext 216
Finance Dept Fax 860-290-8308 Leasing Dept Fax 860-289-1688 www.ehousing.org

INTERIM REPORTING REQUIREMENTS

I (We) understand that I (we) **must** report in writing any of the following changes (within 30 days) if they occur between regularly scheduled recertification's:

- Any member of the household moves out
- Any individual is proposed to move in (prior to allowing the person to move in)
- Any member of the household 18 years and older reported as unemployed on the most recent certification or recertification obtains employment
- Any change in income for any household member

These reporting requirements are based upon HUD regulations and the dwelling lease. I (we) understand that failure to abide by them could result in retroactive rent charges, eviction and/or prosecution for fraud.

Decreases in household income "for any reason" of less than 30 days will not constitute a rent adjustment. Any decrease in rent resulting from any decrease in household income will not be effective until the first of the month after the change has occurred, been reported in writing to EHHA, and verified in writing.

WARNING: Title 18, Section 1001 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 State as to any matter within its jurisdiction.

Signature of Tenant Date

Signature of Tenant Date

JAMES KATE
CHAIRMAN

PRESCILLE YAMAMOTO
VICE CHAIRMAN

JOHN CARELLA
TREASURER

HAZELANN COOK
COMMISSIONER

KATHLEEN STEPHENS
COMMISSIONER

DEBRA BOUCHARD
EXECUTIVE DIRECTOR

RALPH J. ALEXANDER
LEGAL COUNSEL

EQUAL HOUSING OPPORTUNITY



EQUAL OPPORTUNITY EMPLOYER

East Hartford Housing Authority
AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT TO RELEASE INFORMATION TO: East Hartford Housing Authority

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release and to verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing and or any other Federal, State, or local 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 U.S. Department of Housing & Urban Development (HUD) or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or further landlords, This includes records of my payment history and any violations of my lease or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquires that may be requested include but are not limited to:

Identity and Marital Status	Employment Income and Assets	Eligible Immigration Status
Medical or Child Care Allowances	Credit and Criminal Activity	
Residences and Rental Activity		

GROUP OR INDIVIDUAL THAT MAY BE ASKED TO RELEASE INFORMATION

The groups or individuals that may be asked to release the above information (depending on the program requirements) include but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers	United States Citizenship and Immigration Services (USCIS)
Court and Post Offices	State of Connecticut DSS	
Schools and Colleges	State Unemployment Agencies	
Law Enforcement Agencies	U.S. Social Security Administration	
Medial and Child Care Providers	Support and Alimony Providers	
Retirement Systems	U.S. Department of Veterans Affairs	
Utility Companies	Banks and Other Financial Institutions	
	Credit Providers and Credit Bureaus	

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the PHA may conduct computer matching programs to verify the information supplies for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove/correct information. HUD or the PHA may in the course of its duties exchange such automated/computerized information with other Federal, State or local agencies, including but not limited to: State Employment Security Agencies/U.S. Dept. of Defense, U.S. Office of Personnel Management, U.S. Postal Service, S.S. Social Security Administration, and State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization will remain on file with the PHA. I understand I have a right to review my file and correct any information that I can prove is incorrect. This Authorization is valid for (15) months after signature date.

SIGNATURES:

_____ Head of Household Signature	_____ Print Name	_____ Date
_____ Spouse/Adult Member Signature	_____ Print Name	_____ Date
_____ Adult Member Signature	_____ Print Name	_____ Date
_____ Adult Member Signature	_____ Print Name	_____ Date