



HOUSING AUTHORITIES CITY OF EUREKA & COUNTY OF HUMBOLDT



735 WEST EVERDING STREET, EUREKA CA 95503
PHONE: (707) 443-4583 FAX: (707) 443-4762 TTY: (800) 651-5111
WWW.EUREKAHUMBOLDTHA.ORG

NOTICE OF CHANGE FOR CURRENT RESIDENT PLEASE PRINT CLEARLY IN BLACK OR BLUE INK Only the client can complete this form

HEAD OF HOUSEHOLD'S INFORMATION

Last Name: _____ First Name: _____

Social Security #: _____ - _____ - _____

Physical Address: _____

City: _____ Zip: _____

Mailing Address (if different): _____

City: _____ Zip: _____

Home Phone #: _____ Work #: _____

Cell#: _____ Email: _____

Message #: _____ Who's #: _____

- ✓ Please remember YOU MUST report ALL changes in writing within 10 business days from the date of change. If you do not comply within the time frame and report all changes truthfully, you will not have fulfilled your reporting responsibilities and action for non-compliance may be taken against your household per this agency's Administrative Plan (Section 8) or the Admissions and Continued Occupancy Policy (Public Housing).

Explanation of change:

ATTACH SUPPORTING DOCUMENTATION

- ✓ Please remember ANY change that may occur to your rent cannot be made until ALL the required documentation has been returned to this office from both you and third party (what this agency must send to verify change). Additional information and/or documentation may be required if needed to complete the change.

I understand that I am responsible for supplying the Housing Authority with all requested documentation that this agency feels necessary to complete the change.

Signature: _____ Date: _____

HA employee Initial: _____ *Please remember to date stamp all pages.*

Comments: _____



The Housing Authorities are Equal Housing Opportunity Organizations



AUTHORIZATION FOR RELEASE OF INFORMATION
HOUSING AUTHORITIES OF THE CITY OF EUREKA AND COUNTY OF HUMBOLDT
735 WEST EVERDING STREET - EUREKA, CA 95503 (707)-443-4583 -TTY: 1-800-561-5111

(This form cannot be used to request a copy of a tax return. Instead, use IRS form 4506, Request for a Copy of Tax Form).

PURPOSE: The U.S. Department of Housing and Urban Development (HUD) and the above-named organization may use this authorization and the information obtained with it to administer and enforce program rules and policies.

AUTHORIZATION: I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- | | |
|---|--|
| • Low-income Rental Indian Housing | • Low-income Rental Public Housing |
| • Mutual Help Homeownership Opportunity Program | • Rental Assistance Program (RAP) |
| • Section 8 Housing Assistance Payment Program | • Rent Supplement |
| • Section 23 and 10(c) Leased Housing | • Section 23 Housing Assistance Payments |
| • Section 22(d) (3) Below Market Rate Section | • Section 202 |
| • Turnkey III Homeownership Opportunities | |

I authorize the above-named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only HUD, Indian Housing Authority, or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

INFORMATION COVERED INQUIRIES MAY BE MADE ABOUT

Identity	Federal, State, Tribal, or Local Benefits	Handicapped Assistance Expenses
Employment, Income and Assets	Medical or Child Care Expenses	Social Security Numbers
Residences and Rental Activity	Credit	Criminal Activity
Family Composition		

INDIVIDUALS or ORGANIZATIONS THAT MAY RELEASE INFORMATION

Any individual or organization including any governmental organization may be asked to release information.

For example, information may be requested from:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers	Welfare Agencies
Courts and Post Offices	Veterans Administration	Schools and Colleges
Law Enforcement Agencies (Local, State and Federal)	Social Security Administration	Retirement Systems
Bank and other Financial Institutions	Support and Alimony Providers	Utility Companies
State Unemployment Agencies	Handicapped Assistance	Medical and Child Care Providers
State Unemployment Agencies	Credit Bureau	

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD, Public Housing Authority, or Indian Housing Authority may conduct computer matching programs with other government agencies including Federal, State, Tribal, or local agencies. The government agencies include:

U.S. Office of Personnel Management	U.S. Social Security Administration
U.S. Department of Defense	U.S. Postal Service
State Employment Security Agencies	State Welfare & Food Stamp Agencies
Law Enforcement Agencies (Local, State and Federal)	

This match will be used to verify information supplied by the family.

CONDITIONS

I agree that photocopies of this authorization may be used for the purposes stated above. If I/he/she does not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature(s): _____ Date: _____

Signature(s): _____ Date: _____