



2017

Wait List Change of Information Packet

BALTIMORE HOUSING MOBILITY PROGRAM





Wait List Change of Information Packet Instructions

Checklist

Use this checklist to keep track of each item you need to do. This will help you avoid having your form returned or delayed for not being complete.

- The Head of Household (HOH) must fill in and sign the WAIT LIST CHANGE OF INFORMATION FORM, pages 1-2.
- Read and sign the AUTHORIZATION FOR THE RELEASE OF INFORMATION/ PRIVACY ACT NOTICE, pages 3-4.
- Mail or bring the completed forms to the Baltimore Regional Housing Partnership, 20 S. Charles Street, Suite 801, Baltimore, MD, 21201. Office hours are Monday through Friday 8:30 am to 5:00 pm.

General Information

- The Program will not process an incomplete change form. Check that you have answered all the questions.
- You will receive a letter after the Program processes your change. It may take 120 to 180 days to get your letter.
- If your contact information changes, you must fill out a CHANGE OF ADDRESS FORM. You can find the form at www.brhp.org. You can also get the form at our front desk.
- After two tries to reach an applicant at the last known address, the Program will withdraw your application. You will not be able to reapply unless the wait list reopens.
- For more information, or if you are disabled and need assistance, call 410-223-2222.

REV033017



WAIT LIST CHANGE OF INFORMATION FORM

Baltimore Housing Mobility Program

Only fill out this form if you are on the wait list and need to report a change. Use this form to report all changes EXCEPT a change of address. See CHANGE OF ADDRESS FORM.

1

Head of Household Information

Fill in the required information for you, the Head of Household.

Name		
Address		
City	State	Zip Code
Phone	Cell Phone	
Date of Birth	Social Security #	
__ / __ / __	__ - __ - __	

2

Update Eligibility Status

Check an answer for each.

I live in Housing Authority of Baltimore City (HABC) family public housing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I lived in HABC family public housing between January 31, 1995, and present.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I was displaced from closed or torn down HABC family public housing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am on the HABC family public housing or Housing Choice Voucher wait list.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I live in Baltimore City. BRHP will check if you live in an eligible area.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3

Change in Other Information

Check an answer for each.

Are you a current public housing resident with a prior application for a Housing Choice Voucher or a pending transfer request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an urgent need to relocate? If yes, check all that apply:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Documented health condition of a family member		
<input type="checkbox"/> Need for housing closer to place of employment, education or training		
<input type="checkbox"/> Other:		
Do you have children under the age of 18 living in your household? If yes, check all that apply:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Head of Household is employed		
<input type="checkbox"/> Head of Household is willing to participate in a job-training program		
<input type="checkbox"/> Head of Household is age 62 or older, or is a person with disabilities		



4 Remove Household Member

Fill in the information for the household member whom you want to remove.

Name		Effective Date	
New Address			
City	State	Zip Code	
Social Security #	Date of Birth		

5 Add New Household Member

Fill in or check the required information for each household member you are requesting to add.

	Household Member 1	Household Member 2	Household Member 3
Last Name			
First Name			
Social Security #			
Date of Birth			
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Relationship to Head of Household			

6 Required Signature

I hereby certify under the penalty of perjury that the declarations I have made in this document are true and complete. I understand and acknowledge that any knowing or willful misrepresentations of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including but not limited to fine or imprisonment, or both under the provision of Title 18 of the United States Code (USC) Section 1001.



Signature of Head of Household	Date
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REV033017



Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible 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 income 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 income 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 income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this 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.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. 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		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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.