



Baltimore Regional  
Housing Partnership

2019

# Interim Change Packet

BALTIMORE HOUSING MOBILITY PROGRAM





## Interim Change: What You Need to Know

Use this form to report:

- Income, increase or decrease
- Assets, increase or decrease
- Household Composition, add or remove a member
- Student Status, age 18+, attending or not attending school full time

The Baltimore Regional Housing Partnership may deny or terminate your housing assistance if you fail to report a change within 10 business days.

### Checklist

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

- The Head of Household must fill in and sign the following forms in this packet:
  - INTERIM CHANGE form, pages 1-4
  - SUPPLEMENTAL AUTHORIZATION FOR THE RELEASE OF INFORMATION, page 5
  - AUTHORIZATION FOR THE RELEASE OF INFORMATION/ PRIVACY ACT NOTICE, pages 7-8
  - If the change is for a household member age 18 or older, they must sign each form

### Report Any Change of Income

- For each change, you will need to give the Program the document(s) to support your claim. See the DOCUMENT CHECKLIST for the items you will need.

### Remove a Household Member

- You must also complete a HOUSEHOLD MEMBER REMOVAL CERTIFICATION form.
- You must provide proof of new residence for each member you remove.



## INTERIM CHANGE PACKET INSTRUCTIONS

### Add a New Household Member: Adult

- Each applicant over the age of 18, or who will be 18 in the next 60 days, must complete an APPLICATION PACKET - NEW ADULT HOUSEHOLD MEMBER.
- The Head of Household must sign **all** forms in your Application Packet, **except** the DECLARATION OF CITIZENSHIP and DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS.
- For each item answered **yes** on the APPLICATION FOR ADULT HOUSEHOLD MEMBER, **you will** need to give the Program the document(s) to support your claim. See the DOCUMENT CHECKLIST for the items you will need.
- You must provide identification for each new applicant. See the DOCUMENT CHECKLIST for the items you will need.
- You must provide written approval from the landlord to add a member to your household.

### Add a New Household Member: Child

- For each new applicant under the age of 18, the HOH, or the responsible adult, must complete a DECLARATION OF CITIZENSHIP.
- You must provide identification for each new applicant. See the DOCUMENT CHECKLIST for the items you will need.

### Change in Student Status

- See the DOCUMENT CHECKLIST for the items you will need.

### Return Completed Packet and Documents

- Mail or Bring** to Baltimore Regional Housing Partnership, 20 S. Charles Street, Suite 801, Baltimore, MD 21201. Office hours are Monday to Friday, 8:30 am to 5:00 pm.  
**Fax:** 410-752-3770  
**Email:** reportchange@brhp.org

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**Required forms are available at our front desk or online at [www.brhp.org](http://www.brhp.org)**

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# Frequently Asked Questions

## Will my rental portion change when I report a change in income?

- The Program may increase your rental portion if your household income goes up
- The Program may lower your rental portion if your household income goes down.
- The Program will not lower your rental portion if your Temporary Cash Assistance (TCA) benefit decreases due to noncompliance with an economic self-sufficiency program, failure to comply with work activities, or fraud.
- The Program will **not** lower your rental portion because of garnishments or increased taxes that reduce your pay.

## If my rental portion changes, when will I pay the new amount?

- The Program processes most **increases** in income at recertification. If your household income is less than \$2,400, the Program processes an increase in income when you report it. Your increased rental payment amount goes into effect 30 days after the Program notifies you of the new amount.
- The Program processes **decreases** in income when you report them. Your lower rental payment goes into effect the first day of the next month after you report the change.

## What will change if I add or remove a household member?

- The Program and your landlord must approve all new household members. If BRHP approves a new member but the landlord does not approve the member, you may have to move. You may not be able to move right away based on the terms of your lease.
- After the Program has approved a new member, his or her income will be included in the household income calculation. This increase in income may increase your rental portion.
- If you remove a household member, your voucher size may go down. If this happens, your rental portion may go up. [Here is an example.](#)

1. You have a 3-bedroom voucher and rent a 3-bedroom unit with a gross rent of \$1,400.
2. The Program pays the payment standard for a 3-bedroom unit, which is \$1,000.
3. The tenant portion of the rent is **\$400**.

## INTERIM CHANGE PACKET INSTRUCTIONS

4. Then, you remove a member who was not contributing any income to the household.
5. Your voucher becomes a 2-bedroom voucher.
6. The Program will only pay the payment standard for a 2-bedroom unit, which is \$800.
7. The family is now responsible for **\$600** in rent, even though there was no change in household income.

- Your increased rental payment amount goes into effect 30 days after the Program notifies you of the new amount.
- If you remove a household member and your voucher size stays the same, your rental portion may go down. Your lower rental payment goes into effect the first day of the next month after you report the change.

### How long does it take BRHP to process a change?

It may take up to 60 days for the Program to review and process your reported change. You must continue to pay your rental portion until the change is processed.

### What can I do to get my change processed quickly?

Turn in all forms and required documents together. Review the [DOCUMENT CHECKLIST](#) before submitting the [INTERIM CHANGE PACKET](#) and be sure you attach **everything** required for the change you are reporting. Most delays are due to not turning in the required documents.

### What happens if I do not submit proof of the reported change?

- The Program cannot process a change without all the required documents. You will get a letter from the Program with a deadline for turning in the missing documents. You must supply the missing documents on or before this date. If you are still unsure of what to submit, call a Housing Specialist.
- If the Program cannot process your change:
  - You could be over paying your rental portion. You are responsible for the full tenant rental portion until the change is processed and you get notice of any new lower amount.
  - You could have to pay the Program back for any increase in your rental portion back to the date of the actual change.
  - The Program may terminate you for not providing the required documents.

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**1** Head of Household Information

Fill in or check the required information for the Head of Household.

|                   |               |          |
|-------------------|---------------|----------|
| Name              |               |          |
| Address           |               |          |
| City              | State         | Zip Code |
| Phone             | Cell Phone    |          |
| Email             |               |          |
| Social Security # | Date of Birth |          |

**2** Change of Income: Wages

Write in the name of the household member the change is for and the monthly pay. Report the monthly pay before deductions. Check if this is an increase or decrease. Write in employer information.

|                       |                                   |                                   |
|-----------------------|-----------------------------------|-----------------------------------|
| Household Member Name |                                   |                                   |
| Monthly Pay \$        | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease |
| Employer Information  |                                   |                                   |
| Start Date            | End Date                          |                                   |
| Name                  |                                   |                                   |
| Address               |                                   |                                   |
| Phone                 | Fax                               |                                   |
| Household Member Name |                                   |                                   |
| Monthly Pay \$        | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease |
| Employer Information  |                                   |                                   |
| Start Date            | End Date                          |                                   |
| Name                  |                                   |                                   |
| Address               |                                   |                                   |
| Phone                 | Fax                               |                                   |



**3 Change of Income: Other**

Write in the name of household member the change is for and the income source. Write in the monthly amount. Check if this is an increase or decrease.

|                        |   |
|------------------------|---|
| Household Member Name  |   |
| Income Source          | Effective Date      _ _ / _ _ / _ _ _ _                             |
| Monthly Amount      \$ | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease |
| Household Member Name  |   |
| Income Source          | Effective Date      _ _ / _ _ / _ _ _ _                             |
| Monthly Amount      \$ | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease |
| Household Member Name  |   |
| Income Source          | Effective Date      _ _ / _ _ / _ _ _ _                             |
| Monthly Amount         | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease |

**4 Change in Student Status**

Report a change in full time student status only for those ages 18 and older. Write in the name of household member the change is for and check student status. Write in the school information. **You must report income for a household member who is age 18 or older and no longer claiming full time student status.**

|   |   |
|---|---|
| Household Member Name                               |   |
| <input type="checkbox"/> Is a full time student now | <input type="checkbox"/> Is no longer a full time student |
| School Information                                  |   |
| Name  |   |
| Address   |   |
| Phone   | Fax   |

### 5 Remove Household Member

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

| Household Member 1                     |  |                                       |          |
|--|--|---------------------------------------|----------|
| Name                                   |  | Effective Date    _ _ / _ _ / _ _ _ _ |          |
| New Address                            |  |                                       |          |
| City                                   |  | State    _ _                          | Zip Code |
| Social Security #    _ _ - _ - _ _ _ _ |  | Date of Birth    _ _ / _ _ / _ _ _ _  |          |
| Household Member 2                     |  |                                       |          |
| Name                                   |  | Effective Date    _ _ / _ _ / _ _ _ _ |          |
| New Address                            |  |                                       |          |
| City                                   |  | State    _ _                          | Zip Code |
| Social Security #    _ _ - _ - _ _ _ _ |  | Date of Birth    _ _ / _ _ / _ _ _ _  |          |

### 6 Request to Add New Household Members

Fill in or check the required information for each household member you are requesting to add. See the instructions page for additional items required.

|                                   | 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 | <input type="checkbox"/> Spouse<br><input type="checkbox"/> Co-head<br><input type="checkbox"/> Other adult<br><input type="checkbox"/> Child under 18<br><input type="checkbox"/> Full time student over 18<br><input type="checkbox"/> Foster child/Adult<br><input type="checkbox"/> Live-in Aide | <input type="checkbox"/> Spouse<br><input type="checkbox"/> Co-head<br><input type="checkbox"/> Other adult<br><input type="checkbox"/> Child under 18<br><input type="checkbox"/> Full time student over 18<br><input type="checkbox"/> Foster child/Adult<br><input type="checkbox"/> Live-in Aide | <input type="checkbox"/> Spouse<br><input type="checkbox"/> Co-head<br><input type="checkbox"/> Other adult<br><input type="checkbox"/> Child under 18<br><input type="checkbox"/> Full time student over 18<br><input type="checkbox"/> Foster child/Adult<br><input type="checkbox"/> Live-in Aide |
| Race                              | <input type="checkbox"/> American Indian/Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> White   | <input type="checkbox"/> American Indian/Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> White   | <input type="checkbox"/> American Indian/Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> White   |
| Ethnicity                         | <input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino   | <input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino   | <input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino   |
| Disability                        | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |





# SUPPLEMENTAL AUTHORIZATION FOR RELEASE OF INFORMATION

Baltimore Housing Mobility Program

The purpose of this form and your signature(s) is to obtain information about you and your family that is pertinent to the administration of the Baltimore Housing Mobility Program and to determine initial eligibility or continued eligibility for participation in the Program.

The Program may request information from any listed entity or provider of:

|                           |                           |                         |
|---------------------------|---------------------------|-------------------------|
| ACADEMIC INSTITUTION      | FEDERAL GOVERNMENT AGENCY | RETIREMENT BENEFITS     |
| CHILD SUPPORT AGENCY      | FINANCIAL INSTITUTION     | STATE GOVERNMENT AGENCY |
| COURT AWARD               | LANDLORD                  | STUDENT FINANCIAL AID   |
| CREDIT REPORTING AGENCY   | LAW ENFORCEMENT AGENCY    | TRIBAL BENEFITS         |
| CRIMINAL BACKGROUND CHECK | LOCAL GOVERNMENT AGENCY   | UTILITY COMPANY         |
| EMPLOYMENT                | PENSION                   |                         |

## Required Signatures

Your signature below authorizes the Baltimore Regional Housing Partnership to obtain your credit report. Under the Fair Credit Reporting Act, you must be told if information in your credit report has been used against you. If that happens, the Baltimore Regional Housing Partnership will provide you with the name, address, and phone number of the agency that provided the credit information.

I agree that photocopies of this authorization may be used for the purposes stated above. If I, or any adult member of my family, fail to sign this form, I understand that this action may constitute grounds for denial of eligibility or termination of assistance of tenancy, or both.

\_\_\_\_\_  
Signature of Head of Household Date

\_\_\_\_\_  
Signature of Adult Household Member Date

\_\_\_\_\_  
Signature of Adult Household Member Date

\_\_\_\_\_  
Signature of Adult Household Member Date

REV052616



# 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. 1/31/2014

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.